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THE SYMBOLISM OF TEETH IN DREAMS[1]

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In a short communication entitled 'On the Meaning of Losing Teeth in Dreams', which Dr. Lorand presented to the New York Psychoanalytic Society in 1948, he stated about such 'typical' dreams that they all express a basic wish, in the deepest layers of the dream, to regress to a state of toothlessness, to earliest infantile life, being nursed by the mother, when the difficulties of reality adjustment and independent functioning were absent. This statement was not meant to exclude all other meanings of such dreams. Quite the contrary; at different stages of the analytic therapy, tooth dreams may and do refer to various unconscious and conscious problems with which the patient is struggling at the time. As Freud (22, p. 53) stated: 'When the interpretation of a dream has been discovered, it is not always easy to decide whether it is a "complete" one—that is, whether further preconscious thoughts may not have found expression in the same dream.' And a few lines further Freud continues: 'one must become accustomed to a dream being thus capable of having many meanings.' At another point he states that he finds truth in all main types of interpretation and that if we uncover the dream's motivation source, we shall obtain unexpected information about the repressed impulses in the unconscious, and that in the dream there are many layers in each of which one meaning will be the true one.

Memories, wishes, and fantasies which form the content of dreams always contain regressive elements which relate to various levels of emotional functioning. The memories show traces relating them to situations and stages of infantile and child development. Tooth dreams inevitably bring up associations and memories of feelings of loss, fantasies and memories having to do with oral functions, deprivations, and bitterness. The removal of a tooth in the dream ean easily represent symbolically losing the nursing nipple. The universal desire to regress to that earliest pleasure object—the breast—includes my supposition that the most deeply repressed part of the dream is the wish to go back to this dependent state when teeth did not complicate the life of the dreamer. The castration fear and the wish for punishment lie in the higher levels of the dream since they are the result of the genital phase.

The origin of symbol formation is still not completely understood. It leaves much for clarification in spite of the many valuable theoretical and clinical contributions of recent years. Freud (21) said that 'we may expect that the analysis of dreams will lead us to a knowledge of man's archaic heritage of what is psychically innate in him. Dreams and neuroses seem to have preserved more mental antiquities than we could have imagined possible; so that psycho-analysis may claim a high place among the sciences which are concerned with the reconstruction of the earliest and most obscure periods of the beginnings of the human race.' In another passage he states, 'Things that are symbolically connected to-day were probably united in prehistoric times by conceptual and linguistic identity. In this connection we may observe how, in a number of cases, the use of a common symbol extends further than the use of a common language, as was already pointed out by Schubert.' Of course, Freud recognizes the impressions of early childhood, which are forgotten and repressed, as taking part in the formation of the dream.

[1] This paper was read at a meeting of the New York Psychoanalytic Society in November, 1953.

In this approach to the problem of symbol formation, the authors think of inheritance in the sense that Jones (31) uses it, ' The infant must have brought with him into the world an innate disposition to develop certain types of fantasy in certain contexts '. This corresponds to what Hartmann, Kris, and Loewenstein (26) pointed out in ' Comments on Culture and Personality ' in *Psychoanalysis and Culture*. They ' expect to find " limits " of ubiquity and cultural variations and superimposed symbolic meanings around an ubiquitous core '.

Jones (31), in his essay on the genesis of symbol formation, writes: ' The basal feature in all forms of symbolism is identification . . . the tendency to identify is mainly due to two factors which relate to the pleasure-pain principle and the reality-principle respectively. In the first place it is easier and therefore pleasanter to note the features of a new idea that resemble those of an older and more familiar one. Therefore, the mind tends to analyse those features that interest it because of their resemblance to previous experiences of interest. In the second place, the appreciation of resemblances facilitates the assimilation of new experiences by referring the unknown to the already known.' In another place, he cites Rank and Sachs: ' Psychologically considered symbol formation remains a regressive phenomenon, a reversion to a certain stage of pictorial thinking. . . . In correspondence with this psychological conception is the original function, demonstrable in the history of civilization, of the identification underlying symbolism as a means of adaptation to reality. . . .'

Let us review for a moment the cycle of dentition in the human being and see how much these vicissitudes of the early developmental period of teething may be responsible for the unconscious wish to return to toothless infancy after. From birth on oral feelings are pre-eminent, the mouth and teeth being most strongly cathected with libido. From birth they are important tools for gratification of cravings, both self-preservative and sensual. From the sixth month of development to the thirtieth month, there is a great deal of restlessness and pain primarily connected with the development of the deciduous teeth. From then on, up to the age of five or six years, there is a relatively quieter period, but at this stage the slow development of the permanent teeth initiates another period of confused preoccupation with the teeth. The child at times experiences pleasure, feelings of strength, aggression, being the centre of attention; at other times anxieties, shame, embarrassment, humiliation, inferiorities at missing teeth and also varying degrees of castration anxiety (tooth disappearing and reappearing again and the confusion attending it) —all of these contradictory feelings leave their marks on the growing child and may cause added difficulties in puberty and adolescence, depending upon how stormy the period of dentition has been. The preoccupation with teeth becomes prominent again at puberty, paralleling the preoccupation with sexual feelings. The young, growing individual again attaches to the teeth feelings he formerly experienced—inferiority and shame, or pride and exhibitionistic tendencies, fear, shyness, withdrawal, and resentments as a reaction to those frustrations. At times the teeth serve as the focal point of ridicule. We have found, in the associations to tooth dreams of several patients, memories which led back to painful inferiority feelings and embarrassment at puberty, occasioned by the necessity of wearing braces.

Later in adult life, teeth may represent aggressive weapons, strength, sexual attractiveness. They can represent health or decay, the latter leading to the fear of losing teeth through extraction. Teeth, therefore, can be used and are used as symbolic expressions of loss, separation, disintegration, or any danger threatening the individual. They may symbolize masturbation, giving birth, castration. The most important content category, the one in the foreground of a particular dream, is determined by the problems with which the patient is preoccupied at the time and by the particular phase of analysis.

The tooth dream always deals with problems of the dreamer relating to sexual matters, frustrations, aggression, and guilt. The tooth symbol, however, originates not in the genital, but the pregenital experiences of the individual. It originates at the time when infantile experiences cannot be verbalized, can only be felt and acted out, and interpreted by the infant in his own way. The symbolism in the adult dream refers back to the original pattern of experiences of possessing and losing, as in possessing and losing, being deprived of, breast, nipple, and teeth. Thus in the adult's tooth dream the sensations of pleasure and pain and the reactions to these sensations will be symbolized by the part of the body in relation to which the child has had those earliest memory experiences,

namely breast and nipple. Later the sexual organs will be symbolized by the tooth because these are the organs to which the earliest pleasures and fears, and the anxiety of losing them become attached in the course of the genital phase of development. Thus pleasure, pain, and fear of loss are symbolized by the adult in the light of the earliest perceptions. The early repeated experience of acquiring a new tooth and then losing it becomes a prototype of castration fear. The fact that the tooth is an organ which at times is present and at other times absent may lead to the equation of an equivalent course of events for the penis which is seen to be present in certain persons and not present in others; or sometimes is experienced by the individual as erect and therefore present, and other times as shrunk, in which state it is experienced as absent. All the thoughts and feelings connected with such absence and presence enter into the problem of fear of castration.

In 1919 Freud added a paragraph to the fifth edition of the *Traumdeutung* (21). This dealt further with the problem of regression in dreams. Writing about wish fulfilment in the dream, he says (*l. c.*, p. 548), ' dreaming is on the whole an example of regression to the dreamer's earliest condition, a revival of his childhood, of the instinctual impulses which dominate it and of the methods of expression which were then available to him '. Later, discussing wish fulfilment in dreams, he writes (p. 553), ' My supposition is that a conscious wish can only become a dream-instigator if it succeeds in awakening an unconscious wish with the same tenor and in obtaining reinforcement from it. . . . I consider that these unconscious wishes are always on the alert, ready at any time to find their way to expression when an opportunity arises for allying themselves with an impulse from the conscious and for transferring their own great intensity on to the latter's lesser one.' In a footnote he remarks as follows: ' These are paths which have been laid down once and for all, which never fall into disuse and which, whenever an unconscious excitation re-cathects them, are always ready to conduct the excitatory process to discharge.' He states in the same context (a few lines further on), ' A wish which is represented in the dream must be an infantile one.'

To elucidate this infantile wish in the many variations in tooth dreams, we have collected clinical and anthropological material which we will attempt to present in the following groupings:

(1) Tooth dreams where the tooth is a phallic symbol.

(2) False teeth, braces as symbols.

(3) Tooth pulling symbolizing childbirth, abortion, death.

(4) Vagina dentata.

(5) The role of dental stimulus themes (motive) in psychoses.

The following dreams, from both male and female patients, show the tooth as a phallic symbol. These dreams express either castration anxiety as a result of sexual ambitions (mostly with early oedipal involvement), or a direct wish for a penis, especially in female patients with strong, unconscious masculine drives and feelings of rivalry with men.

Freud cites a dream of a young man with strong homosexual leanings. In the dream the patient was treated by two university professors instead of by Freud. One of them was doing something to his penis. He was afraid of an operation. The other was pushing against his mouth with an iron rod, so that he lost one or two of his teeth. He was tied up with four silk cloths. He had this dream after being rejected by one of his friends, which led to his masturbating twice in succession. Freud states, in connection with the analysis of this dream (21, p. 387), ' I cannot pretend that the interpretation of the dreams with a dental stimulus as dreams of masturbation—an interpretation whose correctness seems to me beyond doubt—has been entirely cleared up.' He cites the dream to illustrate the theory that the motive force in ' dental stimulus ' dreams—in males—derives from masturbatory desires of the puberty period. This was the first time Freud described dental stimulus dreams, in 1909, in the second edition of the *Traumdeutung*. Then he continues:

' Especially remarkable is the representation of onanism (masturbation), or rather of castration, as the punishment for onanism, by the falling out or extraction of teeth; for we find in folk-lore a counterpart to this which could only be known to very few dreamers. I think that there can be no doubt that circumcision, a practice common to so many peoples, is an equivalent and replacement of castration. And recently, we have learned that certain aboriginal tribes in Australia practise circumcision as a rite to mark the attaining of puberty (at the celebration of the boy's coming of age), whilst

other tribes living quite near have substituted for this practice that of knocking out a tooth.'

Ferenczi (18) reports a dream of a female patient. In her dream the patient's sore cheek was rubbed by a man, and then a tooth sprang off from her gum. The dream was stimulated by the drilling of a tooth which was done under anaesthesia, and the patient was worried that she might betray her love for the dentist. Ferenczi does not interpret the dream, but he hints at the sexual meaning and symbolism, i.e. either the dreamer had or wished to have an orgasm (the tooth sprung off); or she wished to stimulate erection and orgasm in the man.

One of the author's patients, a man in his thirties, often masturbated using a sado-masochistic fantasy. One night, after resisting the urge to do so he dreamed that he was ' pushing his gum so strongly with his finger that a tooth went off like a bullet from a gun '. He awoke with an orgiastic seminal discharge.

Whether he had touched his penis could not be established. Probably he had, because in another (castration-anxiety) dream he was awakened by violent pains in his genitals, and he noted that he was pressing hard on one testicle.

Another of the authors' male patients had a series of dreams dealing with teeth.

(I) ' My father-in-law is standing facing me and my daughter is standing between us. She is holding me by the hand. I notice that some of my daughter's teeth are blood-stained (this is identical with the case of bleeding gums I have in reality). My father-in-law asks why her teeth are blood-stained. I answer, " She got that from kissing her father." '

The main theme of the patient's associations to this dream was: ' A child who kisses his parents gets castrated.' The patient's associations are hostility against mother and against women in general. He refers to a desire to bite off the nipple. In the dream he identifies with his little girl who has no penis. In this way he punishes himself through the removal of his penis (being a girl). On another level the dream represents his desire to be a girl in order to avoid all the complications of masculinity, especially aggressive sexuality.

(II) ' I was inside my own mouth. One tooth is badly placed. It is hooked on and I want to hook it on the right place. I am very anxious in the dream because I have difficulty and cannot do it correctly.'

The patient had been going to the dentist often and was very much annoyed by the dental work he required. In his associations he expressed ideas about having a small and ineffectual penis, fear of not being able to satisfy women, and abstinence from intercourse for that reason. Behind these associations is the fear of intercourse and the fear of losing his penis. The deepest regressive desire was to be in the mother's womb mouth.

(III) ' I am in the dentist's office. He is giving me a penicillin shot which will clear up my tooth infection.'

The patient's associations deal with homosexual problems, the desire for dependence in analysis and being cured of his ' penis troubles ' by the analyst. Analyst (father) likes him just as in childhood mother liked him and patiently cured him of a long-standing enuresis. The dentist, giving a penicillin shot, equals homosexual desire. If he is passive and dependent upon the analyst a sexual relationship will ensue, which will remove the necessity of his using his penis, which to him represents various dangers, outstandingly aggressive intercourse.

Another patient, a girl of twenty-four, had the following dream:

' Something is wrong with me. There was a tall girl in the dream, and they wanted me to marry her. Then a young doctor approached me to help me and wanted to put some red wine in my mouth. He also had a syringe in his hand, and he wanted to stick it in my arm. I was gagging, having something in my mouth. I wanted to remove something from my tooth but pulled the whole thing out. I go to the dentist to have it cemented in again.'

This patient dreams a great deal about teeth being loose. She used to grind her teeth in childhood, and the orthodontist straightened her teeth which had apparently been pushed out of alignment by the grinding. She refers to grinding as biting, being angry in her sleep. On another, deeper level, being a little child who has no teeth and escaping from men who are cruel and going back to depend only on father who cements the loosened teeth, gives her a penis. This also refers to the transference relationship. The first part of the dream refers to her wish to be a man—her fear of something (syringe —penis) being put into her and of something (tooth) being pulled out (castration).

The same patient later dreamed:

' I am lying on a bed. A little mouse is running on the floor. I talk to it, saying, " Come here, little mouse." It jumps on the bed and walks all over me. My mother sees it and is horrified. Then I am afraid it will bite me with its sharp teeth.'

The first thought in her associations is again of her father. He had frightened her in childhood by pretending to eat her.

Her associations continue with father, men in general, fear of mice, being bitten by them, and made pregnant. She speaks of intercourse, penis, and returns to the idea that the analyst equals father who will protect her by letting her be his little girl. Mouse is equivalent to penis and to the tooth and will not be dangerous if she is still a baby in father's arms, as she was treated in reality until she was five years old.

Another patient had an extensive fluor and a slight

infection for which she went to a woman doctor for treatment during her vacation, but her condition did not improve. One of her dreams after her vacation was:

'I went to the dentist. He was going to operate on my tooth. Then he turned into a woman doctor, and she botched up the operation. The operation was on my throat. She left the valves open. The whole operation miscarried.'

In her associations she talked about her mouth being wet in the dream and about finding saliva on the pillow, about her painful tooth of which she complains in analysis as having a rough edge, but which did not hurt in the dream at all. This dream occurred after she found blood on her underwear the previous evening. She became frightened, thinking it was from her rectum, but it was her menses which had come early. She discussed her feelings about the woman doctor and the analysis, causing trouble with her genitals, instead of curing her. She is now sicker than she was. These thoughts led to her mother who makes her sick with her constant criticisms. The dream expresses punishment for cheating her parents by having sexual intercourse behind their backs. She recalled that between the ages of five and seven she not only masturbated constantly, but she let little boys play with her vagina. She was very much afraid of being found out, but the more she was afraid the more she sought the company of those little boys. The dream refers to the problem of her sexuality and guilt, as well as the problem with men. She denies her sexual feelings completely in order not to get involved and frustrated afterwards.

A divorced female patient of twenty-four, who suffers from character difficulties, reported the following dream:

'I was with a boy in the fields. There were horses galloping and playing. Somebody shot the horses. Then a filling fell out of my tooth. It was big and very long. I awoke frightened and not sure whether it was real or a dream.'

In her associations the patient stated that the playful horses refer to her own temper and also to her identification with the horses as masculine and unrestrained sexually (as a child and during puberty she had seen horses copulate). Being shot represented to her punishment for unrestricted emotional outbursts. The dream reveals her castration fear. It expresses the dangers of having a penis like a horse, being wild like a horse and then punished (shot), and also her strong masculine desires. She is consciously envious of men and considers them rivals in her work.

Another female patient in the late twenties who has difficulties with adjustment and being female, despite an extremely feminine appearance, had the following dream:

'A man is lying on top of a girl, sucking her breast. I look at the girl. She has sharp, white teeth, as if capped.'

In her associations she remembers an old dream in which she had long nipples (she had described them as penises at that time); in the same dream she had seen a man who looked like her. In the present dream she is the girl who has sharp teeth. In reality she has small breasts and small teeth and has inferiority feelings about both. She makes sure in the present dream that she is not castrated. The man is sucking her breasts, which to her represent penises. She also takes what she considered an inferior position in intercourse but compensates for it by making the man dependent on her by sucking her breast, which makes her feel superior.

A dentist reports the following dream:

'A friend who was my playmate in boyhood was my patient. He is sitting in the dentist's chair in my office. But instead of working on his tooth, I am touching his penis.' Later on he remembered another part of the dream: 'After I wrung his penis, I was supposed to become *his* patient and the same would happen to me.'

In his associations to the dream the patient related that he hates to extract a tooth and that he always tries his best to save the tooth and delay the extraction. This is motivated, as his analysis revealed, by his repressed aggression (to tear and to destroy). Early aggressive feelings against mother and sister whom he used to watch through the keyhole in the bathroom and was afraid of being punished if caught. In his castration fear he identifies with his patients.

Brettschneider (5) related a recurrent tooth-pulling dream of a female patient. In her dream 'she has food particles between her front teeth; she tries hard to remove them . . . she pulls out the right incisor.' In Brettschneider's interpretation this is a masturbation dream followed by the expression of fear of castration. Through information obtained from the patient's brother it was learned that brother and sister had thought since childhood that the lack of a penis is due to castration as punishment for masturbation.

Patients very often relate dreams in which they eagerly try, but in vain, to remove something—food particles or some non-specified material—from the mouth or from between the teeth; it seems to be an endless procedure. Many people do this in waking life. It is a habit like nail-biting. It seems to the authors that such dreams express masturbation desires; that such activities are masturbation equivalents.

A male patient, who came to analysis because of ejaculatio praecox, had the following dream in the early weeks of his analysis:

'I am trying to pull out cotton thread from between my teeth. The longer I pull, the more there is, and always more and more, and I am troubled

in the dream as to when it will stop and also where it comes from.'

It was too early in analysis to interpret the dream. However, his associations show that it has to do with fear of losing semen, concern about masturbation which, he thinks, made him partially impotent. He was strongly oral, having been bottle-fed to the age of five.

Pickworth (41) describes the following experience: At the age of seven he lost a tooth through extraction. This was followed by a dream in which he was ' extracting parasites from his own mouth '. On awakening he recognized it as a phallic symbol and experienced intense horror. He finally recollected that a cousin had threatened him with castration for exposing himself in childhood at about the age of three years.

Interesting reflections on this subject have been made by Coriat (9). He tells us that the upper jaws of five male palates with one or two incisors removed have been found in caves of ancient Palestine. They date back to a period corresponding to the Aurignacian and later cave cultures in Europe 150,000 to 200,000 years ago. These mutilated skulls indicate a ceremonial practice which is found in many Negro tribes to-day. One can surmise that this practice, which has been reported many times, is a symbolic castration (there is wide evidence from Reik and Roheim on this point) and that these findings demonstrate the existence of the castration wish and fear at the very dawn of human culture, proving the amazing uniformity of symbolic features.

Heinrich (27) too refers to the primitive initiation rite which consisted of the mutilation of a tooth. It means symbolic castration. In his interesting collection of data Heinrich states that in the unconscious the loss of a tooth is identical with loss of the penis; he quotes from W. Stekel, who said that according to folklore the German expression *Zahnreissen* (tearing out a tooth) means sexual intercourse; in the Slav language *zub* means tooth and penis. The unconscious equivalence of toothache and masturbation is recognized by V. Thompson (59), who writes that British soldiers in India and sometimes other places have long called erections ' Irish toothaches '.

A male patient in one of his dreams realized that ' my teeth were loose. They were nearly all loose at the root with considerable contraction of the gums, so that they might easily fall out if I were simply to push against them with my tongue. I had the feeling that I must be careful not to dislodge them because it would be easy to do so, and that if I were toothless it would be a sign of age and this would be disturbing, not only to me but also to my wife, and also noticeable to others.' (In real life both the dreamer and his wife often wondered whether his potency disturbance might not be caused by his age.) This patient began his sex life in marriage when he was over thirty. His wife almost left him because of his serious potency disturbances.

In his spontaneous associations the patient mentioned that his gums were moderately contracted. The teeth themselves were firm and in excellent condition. His friends have at times complimented him on their appearance. The only favourable remarks made about him by Army physicians were that his teeth were unusually good. On the other hand, he was often teased by the boys because of his ' long ' foreskin. Circumcision was suggested, but he never considered that it would be necessary. In joking with male companions, he stated that his reason for declining circumcision was that his penis was so small that if the foreskin were removed, there would be nothing left. He was preoccupied with his penis and his potency. The symbolism in his dream (tooth—contracted gum—fear of losing his teeth, etc.) is self-explanatory.

Hitschmann (28) presents an interesting example of the changing meaning of the same symbols in the dream with the progress of the patient's analysis. He cites two dreams of a female patient which deal with the problem of teeth. The first dream appeared early in her analysis. She then described her mouth as large, and her teeth as much longer and bigger than a man's. She was very proud of her large, polished, white teeth and examined them from every angle. In a later stage of her analysis, when her problems centred around castration fears, renunciation of masturbatory drives and fantasies about the penis, she had the second dream. In this dream she went to the dentist to have a tooth filled, but he extracted four or five of her teeth instead. She became very frightened and protected herself from the dentist. She looked up and saw that the dentist was her analyst.

In the first dream she used the teeth as symbolic of the penis in competing with men. In the second dream the anxiety concerning the analysis which may deprive her of her teeth instead of strengthening them is clearly expressed. In both instances the teeth symbolize the penis.

In the discussion of masturbation in the Psycho-Analytic Society of Vienna by fourteen analysts in 1912, Ferenczi (17) expressed his view that in all cases with masturbation prob-

lems he found that there is a possible symbolic identification of tooth pulling in dreams and castration. The dream expressed the punishment for masturbation—the castration—through tooth pulling. He recognized that castration and tooth extraction (losing teeth) are the first threat that the child faces; and he concluded that this might have been the way that the symbolism was established.

Decayed and Black Teeth as Symbols

Decayed and black teeth cause much concern to people, first because of their unsightly appearance and secondly because of their unconscious significance. The content of the unconscious feelings can be ascertained through the analysis of people with such dreams.

The previously mentioned female patient with the fluor dreamed:

' I was out with X. We were necking and he was soulkissing [2] me. I smelled his breath. I withdrew, worrying lest he notice my reluctance. I looked in the mirror and saw my front tooth was black.'

Her associations were that she worries constantly about her bad breath and about not being clean. She had a wart on her arm which she had cut out. She has all kinds of pains in her teeth, but the dentist cannot find anything wrong. She thinks the dentist filled the wrong tooth. Then she talks about childhood memories, when she was frightened by a man with a black tooth. That led to the witch with the big tooth and her identification with the witch. She referred to mother as being masculine and having a penis. At the same time, as in the dream, she fears masculinity, which means to her aggression, taking father's and brother's place and feeling guilty on account of it. She frightens men away with her black tooth; then she does not have to be a woman and submit to men.

According to Stekel (56) a decayed tooth can be a symbolic reference to a sick penis and/or to the neurosis itself.

This hypothesis is supported by Coriat (8), who found that a dead tooth in a dream meant an impotent penis. The ancient Hindus believed, according to Hammett (25), that if somebody dreams of a black man with black teeth and the man kills him, it means that the dreamer will die.

A cavity in a tooth, besides signifying decay (the connotation of which was mentioned above), has other specific interpretations. As early as 1913 Coriat (8) reported that in a dream a cavity in a tooth had the meaning of a female genital. This was confirmed by Heinrich (27). According to his findings manipulation or operation on a tooth has in the unconscious the meaning of manipulation or operation on the uterus; for example, drilling and filling a cavity, a hole in a carious tooth, signifies a woman, and if a man is manipulating it then it represents symbolically sexual intercourse. Heinrich mentions Stekel, according to whom, carious teeth mean a rotten soul, and the sucking of a tooth is often accompanied by genital sensations. Heinrich also quotes Stekel's statement that all patients who are afraid of the dentist have a ' sucking complex '.

We can confirm the interpretation that the filling of a tooth cavity might be used to symbolize heterosexual intercourse. This is well demonstrated by the analysis of the dream of a patient, a married physician, who dreams that ' I meet my uncle in the hospital; I am surprised to see him there and ask him what he is doing in the hospital. My uncle explains that he had three fillings in his teeth; they were very expensive ($300).'

The dreamer has a nephew whose mother succeeded in breaking up his marriage and forcing him to divorce his wife. Since the divorce, he has been leading a wild sexual life, and his mother is afraid that one of those ' loose girls ' might drag him into a bad marriage. The mother of the boy asked the uncle to have a good talk with the boy to this effect. The uncle talked kindly to the boy after he came home from a ' love-trip '. He asked the boy whether he had been out with a girl. The boy answered, ' Sure '. ' Was it good? ' The boy replied, ' It was very good. I had three fillings (he meant sexual intercourse), but it cost me a lot of money, three hundred dollars.'

The dreamer himself has the same type of mother. She does not conceal her wish to have her son's happy marriage ended, and she has even expressed her wish frankly by telling her son that in case of a divorce, he could have the freedom to sleep with any girls he desired. As far as other matters are concerned, she would take care of him, i.e. cook for him, etc.

In the case of a married female patient the decayed tooth in the dream was over-determined. It signified the neurosis itself (*vide* Stekel), the penis of her brother, and her own genitals. The dentist represented the analyst. The patient dreamed that ' A bad front tooth has fallen into pieces; only the base socket remains. I was afraid it might cause me pain and went to the dentist. I hesitated to go because I had not made an appointment with him, and I was afraid he would be angry with me for this reason.' The patient needed analysis because of

[2] ' Soulkissing ' means that the kissing partners try to penetrate each others' mouths with their tongues.

her grave social anxieties and paralysing bodily pains. The dream occurred during the fourth month of her analysis, when the background of her symptoms was being discovered. She was afraid to reveal material related to her childhood sexual experiences, thinking that the analyst might become disgusted with her and dismiss her.

The Symbolic Significance of False Teeth, Braces

Everyone has a normal amount of pride or narcissistic libido attached to his own body and to its organs. This is especially true as far as visible parts of the body are concerned. Among these visible parts the teeth play a prominent role. Most people conceal the fact that they have false, substitute, teeth, let alone plates, dentures. A denture in the mouth is bad enough; but when taken out, put in a glass of water, it can be even frightening. It reminds one of decay and death. But again, as with many other things, it can have its special, individual significance, either to the wearer or to the person who notices it. Darlington (13) points to the fact that loss of any part of the body can make a person feel that part or all of his soul has been lost. This refers to hair, nails, teeth, etc. A person to whom Darlington talked ' held the unexpressed view that some rotten and black deed on his part had been the cause of his teeth turning so black that he was ashamed to face people, lest they detect the stain on his soul, and in fact equate the loss of his soul with the loss of his teeth '. According to Darlington ' hair and nails, and teeth too in relation to the hope of the resurrection of the dead, are met here and there in anthropological literature '. False teeth mean that the person is concealing that he is bad; he is false, puts up a front, deceives. Being detected wearing false teeth means that his misdeeds have been detected. ' Sins come to register on the teeth.'

The same symbolism is used by patients in the following dreams: A woman who has good front teeth but false plates on both sides of the lower jaw, substituting for three lost teeth, dreamed: ' I was talking to a woman friend when I suddenly felt that I had cracked my plates. It was in front. I felt terrible. I thought to myself that it must be a dream, but no, it was true; no, it was just a dream.' She made sure in the dream that it was just a dream and awakened. This friend figures in the dreamer's life as the personification of her self-criticism. She is competing with her. The patient suffers from the feeling of grave inferiority caused by environmental circumstances and because of guilt feelings for a temporary and transient Lesbian relationship. She conceals the inferiority feeling. She feels that she must keep up a pretence all the time and she is constantly terrified by the thought of being detected. The false teeth, the plates are used for the representation of her feeling that she has a morbid personality, that she is putting up a false front by concealing it.

A male patient dreams, ' I have a new denture, different from the old. It fits well. I did not know how it got in. I see the old one broken in the wash-basin.'

This dream occurred in the end phase of the patient's analysis after a previous day's discussion about his use of eyeglasses, his need for them, and the possibility of getting along without them. He talks in his further associations about his newly acquired strength and adult attitude, the ability to continue on his own without the former castration fears. He also refers in his associations to the old broken denture, his former dependence and reliance on his father for material support and also his reliance on the analyst for help. All this he is ready to relinquish now.

One of our female patients, after returning from a visit to her parents, reported the following dream: ' I had two teeth in the front like tusks, sticking out in front of my lips; one or both had holes in them. The dentist is pulling them out and I don't want them to be pulled. He removes them and there are two other smaller teeth behind them (in their place). Then all my teeth are suspended, loose in my mouth. There is a wire all around in my mouth; the teeth move and chatter.'

The tusks sticking out of her lips bring to her mind the lips of the vagina. From the age of twelve to fifteen she had braces on her teeth. She was very much embarrassed about these braces and was even ashamed to speak. As a consequence she was always in a bad temper because she could not go out with the other youngsters. She had much trouble at that time with her parents who always chided and scolded her. She was constantly being reminded that she was too loud; in fact, at present she feels that she is also too loud, and this she attributes to analysis. She knows she ought to be silent, but she cannot control herself. She really wants to remain as aggressive as that, and she very often consciously objects to being changed in analysis. This reference to ' not wanting the tusks to be pulled '—she is also afraid that if her aggression, which she equates with masculinity and strength, is removed, she will be a ' loose ' woman dependent on men for sexual gratification which she rejects and of which she is afraid. Actually many years ago she had a small cyst removed from her vagina. This dream occurred some time after she had a tooth pulled;

the extraction resulted in a ' dry socket ', which left her in constant pain for about two weeks.

An interesting view is expressed by Weiss (60) in connection with a tooth dream. He says that psychogenic pain is an expression of unresolved psychic conflicts and usually has a reference to an erotogenic zone, as the unconscious conflict causes an organic sensation to turn into pain. A patient dreamed a front tooth grew long, causing him great pain. Marrow-like substance came out of it. He finally pushed the tooth back with his finger. His associations to this dream led him back to attempts made in his childhood to frighten him away from sexual play. With his first seminal discharge in dreams he worried terribly and tried to suppress sexual excitement.

Another patient, who had a number of dreams about teeth, associated memories to those dreams having to do with actual experiences when she wore braces. One of her dreams is as follows: ' Three of my teeth broke off and only the roots remained. The dentist wanted to pull the roots out; then he glued the teeth back on to the roots.'

Her associations brought up memories about wearing braces on her teeth to the age of fifteen. From the age of eight to fifteen she went to the orthodontist. She had the eye-teeth strengthened with two rings which she had to hook up to a helmet in which she slept, in order to keep the teeth straight. She also had a removable brace. She could not eat corn or steak; she had to drink all fluids through a straw; her mother constantly watched her and put pressure on her to keep all the orthodontist's rules or be punished. After discussing all these memories, she had the following dream the next night:

' I had a fight with my mother-in-law. I beat her up, but she knocked out six of my teeth.' The associations clearly led to the fear of the mother. The six teeth brought up sex, masturbation, fear of punishment, sexual transgressions, being found out by mother, etc. In the end she felt she really did not want to be bothered with sex or men who cause trouble just as one is troubled with teeth. She had braces during adolescence. She could not date any boys, and she states, ' that is why I dated many afterward—to make up for the past '. She was always embarrassed. Her brothers never had any trouble with teeth. In addition she says, ' I was always a feeding problem.' The process of analysis she compares to tooth-pulling—always probing in and pulling out her thoughts and feelings, and torturing her. She would like to be left at peace and to be catered to by everybody, just as in childhood.

Vagina Dentata

The sight of the female genitals is unpleasant or frightening for many males. Mythology, folklore, and anthropology contain many references to this reaction. It probably originates in the phallic stage of libido development, in which children believe that everyone possesses or formerly possessed a penis. Girls, therefore, are individuals who have lost them. The sight of the female genitalia then arouses fear (22). One of the many manifestations of castration fear is the legend that the penis can be caught too tightly in the vagina during intercourse, so that the man cannot withdraw his penis and medical attention is needed (the woman put under anaesthesia) for the man to become free again. Another form of the castration fear is the concept of the ' vagina dentata '.

All analysts have had dreams reported in which the dreamer, a male, is about to begin sexual intercourse when he looks at the genitals of his female partner, and to his horror notices that the vagina has two rows of teeth like the mouth. Sexual intercourse, therefore, is rendered impossible; the dreamer frequently awakens at this point, sometimes with seminal discharge accompanied by orgasm. Usually these men suffer from premature seminal discharge in real life. It is of interest, and also important for the understanding of such dreams, to bear in mind that most such men having vagina dentata dreams do not fear fellatio. During fellatio they do not have the fear that the woman will or may bite off the penis, but the sight of the vagina arouses fear (' Something is missing ', or it ' looks like a wound ').

In Dr. Lorand's experience many patients who have expressed strong castration fears and sexual difficulties showed, in their conscious sexual behaviour, impotence in vaginal intercourse, but adequate potency in fellatio. Uniformly it is found that the fear of vagina dentata was not just a retaliatory one for their own oral sadistic impulses; the fear had two important components. First came early experiences possibly up to the age of three or four, when they were petted and kissed by the mother or nurse, sometimes by the father, on all parts of the body, which resulted in great excitement and also imprinted upon the little child the idea that this type of pleasure is natural and not forbidden. Later during the genital phase the child received other impressions which led to castration anxiety, namely that girls have no penis and that the child's genital play is forbidden by the parents. The ban and the threat become connected with aggression and rebellion. Later on observation of the pregnancy of the woman (mother) was

attributed to aggression, hurt, which re-emphasized the castration fear because of the boy's own feelings against the mother. All impotent patients with this type of dream have aggressive feelings in relation to intercourse—intercourse means hurting; it endangers the woman's life through pregnancy. Thus fear of retaliation for such feelings is developed. They therefore seek gratification on the oral level corresponding to the parents' kissing in early childhood when impregnation was excluded, and when as a consequence there was no fear of retaliation.

Otto Rank writes (45): ' The libido displacement from mouth to vagina explains the universal conception of vagina dentata, widespread in folklore and found in every case of sexually disturbed men.

' In the masculine process of displacement, the penis takes on the significance of a tooth. So this symbolism is a phylogenetic sediment ontogenetically used as a conductor for the displacement, the driving force which we recognize in this next stage of teething as oral sadism, manifesting itself in biting. By a redistribution of libido, oral sadism is gratified no longer at the mother's breast, but part of it directly in eating (biting) and part is displaced to the genital. By this means, the genital organ changes definitely from a passive one (breast substitute) to an active one (mouth substitute); that is, becomes really an organ for subjugation.

' Oral sadism manifests itself at the genital stage in a manner apparently contradictory to the biological role of the sexes. The vagina takes over the active drawing in and erogenicity of the mouth (in sucking) and the biologically conditioned passivity of the female is distributed over her whole body. With man, the penis originally takes on the passive role of the breast and only later, by identification with the tooth, takes on the active quality which then is communicated to the whole body (ego) and so enables the man to accomplish the aggressive role of wooer.'

Rado (42) offers an interesting interpretation: ' In the forced avoidance of imaginary dangers, real dangers may be ignored; for instance, the male may replace the vagina dentata by the mouth.' According to Fenichel (16), ' It may be that the boy has a more primary reason to fear the female genitals (oral anxieties of a vagina dentata as a retaliatory fear for oral sadistic impulses) '; he later states the ' female genitals, through the connection of castration anxiety with old oral anxieties, may be perceived as a castrating instrument capable of biting or tearing off the penis ', Castration fear as the cause of the ' vagina dentata ' is considered by Winterstein (61) also. Darlington (11) takes us back to mythology when he writes that ' the grass-seed is equated to sperm, the mouth to the vulva and its lips, the throat to the vagina, the stomach to the womb, and in American myths the vagina is equipped with teeth '.

Elwin (14) found that the concept of the vagina dentata can be found in many people of many countries. He states that he had never heard the legend reported from India. However, from his own research, he related a number of legends revolving around the vagina dentata. He writes that all the vagina dentata stories point to the cruelty of sex—a sadistic tendency which is found in many animals.

Anthropology and clinical psychology contain many references to love-bites, etc. Sexual intercourse is often believed to be dangerous or defiling. It appears that in India the danger is attributed to a complex psychological situation, in which a recognition of the toxic character of menstrual blood, the possibility of venereal contagion, the exposure of both male and female to hostile magic and witchcraft at the moment of sexual congress, the universal latent dread of castration, and the fear of impotence are contributory factors. In other places, the danger is caused by the infection of the hymeneal blood.

The connection between birth and vagina dentata was found in a female patient by Peerbolte (40). We quote: ' The concept of the vagina dentata is often related to sexual impotence and to fears of the female sex organs. In the author's materials, some dreams containing the vagina dentata show a relationship to the trauma of birth, in the sense that passing the head through the bony pelvis is symbolized as putting it into an animal's mouth. An example of this type of dream produced by a female patient is " I have a dog; he is very affectionate. But he seizes my face in his mouth. I don't like it. It is creepy. One never knows if he will suddenly bite. My cheek is in his mouth and it causes me to be quite helplessly in his power." '

Dr. Muensterberger was good enough to communicate to us the following dream of a Chinese, an unmarried male, thirty-four years of age, born in Central China, who has been in the United States since 1947:

' I was walking with a girl in my dream. It was a Chinese girl whom I didn't know. But we were married. We were on a road, I think travelling. I knew her name was F. We were travelling south from Tientsin. I was kind of surprised that I was married, but the way the girl was talking to me made me feel fine. She leaned against me. Then we were in a room on a *k'ang* (Chinese bed). I felt her body. I put my hand on her vagina, then in it. Then there was something hard and before I knew it my hand got caught. There were two teeth on each side.'

His associations to the dream were the following: He first laughed and made a joking remark about the idea of Westerners that Chinese women have a horizontal vagina (like a mouth). The analysis of the first part shows that the girl he is married to is a mother-substitute: (i) In his childhood he lived alone with his mother for several months of each year in the neighbourhood of Tientsin. (ii) The girl's name, F., is the name of his sister's girl friend. His sister is about ten years older than he.

In connection with the second part of the dream he recalled Chinese legends in which women with large teeth are described. These are demons in the shape of beautiful girls who seduce and kill the male (' suck your life out '). Then he asked, ' What do you think of my teeth? ' He wanted to know whether or not I considered them long and large. His older brother had remarked more than once that his teeth are very small and consequently his penis, his potency, and (general Chinese belief) his longevity are impaired. Short teeth are a particularly conspicuous sign of lack of potency.

Birth, Baby, Abortion, Death

What the ancient wise men thought of symbolism of teeth can be surmised when one glances over Stekel's review of this matter in his book on dreams. Stekel (56) quotes Artemidoros, who in turn quotes Aristandros of Telmessa. The ancient dream interpreters thought that the upper row of teeth refers to prominent and outstanding members of the family; the lower row of teeth to the less prominent members; the cavity of the mouth refers to the house; the right row of teeth to men or old people; the left row of teeth to women or young people; the front teeth to young people, the other teeth to older and in succession to elderly people; loss of tooth to the loss of a certain member of the family [to a great extent this can be confirmed disregarding the prophetic tendency of the ancients: *the authors*]; teeth can symbolize not only persons but material things also. According to this theory molar teeth mean articles of value, incisors refer to household articles, canine teeth to less worthy articles. Teeth can also symbolize (according to Artemidoros) vital functions: molar teeth, functions which one wants to conceal; incisors, functions we do not want to conceal; canine teeth, functions not all people know about; meat or any foreign body between the teeth means joblessness and unemployment, and a dream that such a thing is removed indicates that the dreamer, through his speech abilities, will obtain a job, an employment. So much for Artemidoros.

Stekel himself found that loss of a tooth in dreams might mean the idea of a disloyal wife. He mentions Kleinpaul, according to whom the loss of a tooth means the loss of a person, and if the losing of the tooth is connected with pain, it means a beloved person whose loss is painful. Many of us will confirm Stekel's finding that, in the dreams of a patient under analytic treatment, the dentist can represent the analyst, the drilling of the teeth the analytical process.

When Otto Rank (43) talks about ' somatic symbols ' by which parts of the body and their functions are symbolically presented, he mentions Scherner who found, for example, that a row of teeth can be represented in dreams by a row of houses.

The tooth in a dream representing a near relative is mentioned in the Talmud (38) in which it is stated that a tooth falling out means that a near relative will die.

In one case of Stekel's a virgin had a dream in which there was bleeding in the mouth; the mouth was full of blood. In this case it meant defloration.

In one of the authors' cases, a woman patient lost two dear friends within a week. After the death of the second friend, she dreamed that ' Two of my front teeth are missing; there is a conspicuous gap '. It is apparent that the teeth refer to the two friends, the gap indicates the feeling of loss. The ancient interpreters were sometimes right, but with an important difference; this dream came after the death of the two friends and not before; it did not prophesy; it expressed a feeling after the sad event.

A young woman patient, who, while under gas to have an impacted tooth pulled, dreamed (she could only recall the content of the dream faintly), and awoke from the dream crying bitterly and covered with perpiration. The dream was as follows: ' I lost something and was looking frantically for it. I was filled with anxiety and fear. I was afraid that somebody would surprise me.' In her associations she brought up abortions before and after marriage, which she had never before

mentioned in her years of analysis, so great was her guilt. Failure to react to intercourse with an orgasm she attributed directly to fear of punishment for the abortions as well as to fear of renewed pregnancies. She has an infantile attachment to her mother with whom she is always fighting. She continually strives to be with her mother, in whose company the slight agoraphobia from which the patient suffers is completely absent. In an attempt to solve her sexual problem the patient had denied sexual pressure as well as the abortions, and as a result had kept herself from feeling guilty. Such denial could be accomplished by the patient only when she was back with her mother, protected by her as she had been in babyhood.

Mittelman (37) reports the dream of a female patient which occurred while she was under nitrous oxide anaesthesia for the drilling of a tooth. ' A young zebra is running around in circles with his hind-legs close together. It is difficult to see the sex of the animal. The animal is bleeding in the back and pink blood is falling on the snow.' Her associations referred to genital injury, abortion, menstruation, giving further evidence of the symbolic identification between mouth, teeth, and genitals.

The anthropological data on teeth correspond to the analytic findings. In a ' Study of Some Points of Contact ' Seligman (54) cites tooth-losing dreams as a universal type of dream with the same significance, loss of a near relative or friend. Such dreams have been reported in Europe (Scotland, Ireland, England, Germany, Hungary), in Africa (N. Sudan), Asia (Palestine, the Malay Peninsula, China, Japan).

It was found by Darlington also (12) that teeth are symbols of one's relatives and nearest friends.

In the dream of a married woman with children, toothache, damaged tooth, gap between teeth could be interpreted as a lack of love between her and her husband. Recently an impacted wisdom tooth was operatively removed. The wound ached for several days, but then it healed. Long ago she had had a tooth extracted and received a removable bridge from the dentist. She didn't like it, and her husband teased her about it. Therefore, she changed it into a non-removable bridge. She dreamed: ' I am at the dentist's office (she is vague as to who the dentist is). He is fixing a bridge, using two clamps to the neighbouring two teeth on each side. But the clamps run through all my teeth and make them loose. I am afraid of losing all my teeth and awaken with anxiety and violent pain at the place of the removed wisdom tooth.' She says as an association that a day before the dream, they celebrated her husband's birthday. She prepared a very nice dinner and hoped that nothing would spoil it (she had had sad experiences). Everything went well until after dinner, when her two boys began wrestling. Thereupon her husband became annoyed and said that the noise and the wrestling of the children ruined everything. At night they had intercourse, but she couldn't respond. She doesn't know how to feel with him in any of their relationships, social or sexual. ' I reprimanded my children for annoying their father. Why do I say " father "? I never use this word with the children when I refer to my husband. I always use the word " dad ". My husband is exactly as my father was—a brilliant man, a good provider, highly intelligent, but one could never know how to deal with him; he was always silent like my husband. If I tried to talk to him he became irritated; if I said anything or answered a question or did what he asked, it wasn't good. Exactly as it is with my husband. We have separate bedrooms. I am never permitted to make overtures to him; I have to wait until he comes to me and he expects from me a prompt sexual response. There is a great gap between us. I do not know how to bridge it over.' She wept. At that point the analyst reminded the patient of the bridge of her dream. She was surprised. The dentist is the analyst too (it is a transference dream). She tried hard to adjust herself to the behaviour of her husband (this appears symbolically in the dream) but it won't work, because if she makes concessions she feels humiliated. If she does not make concessions, her husband withdraws, sulks, doesn't talk to her and to the children; everything is frozen. The dream expresses her feelings—if she adjusts herself to the demands of her husband, if she tries to ' bridge over the gap between them ', then she ruins everything that she considers her personality to be. The teeth represent all the elements of her personality, the justified expectation of appreciation, love, the right to say what she feels without being punished by her husband for this. Naturally there are many other aspects to the dream, but they are beyond the goals of our present discussion.

In the case which follows, the breaking off, the loss of all the teeth could be interpreted as a fear of breaking up the patient's marriage and family, and, in addition to this, the loss of teeth expressed a desire to be a baby without teeth, to be taken care of completely.

A married woman, with two children, had suffered for many years from the gravest form of ulcerative colitis. No treatment had helped her, but during analysis this symptom disappeared gradually. She observed at the period of the ulcerative colitis that one or two weeks before an attack she often had a recurrent dream in which ' all my teeth got loose; all were in my mouth, teeth and blood in my mouth; a feeling of tremendous desperation '. The patient was very proud of her healthy teeth. The marriage was loveless, unhappy. She was between the horns of a great dilemma—should she stay with her hus-

band and with her two beloved children but be unhappy, or should she leave her husband and by this act lose the children. She had intense fantasies from childhood on of being in a sunny, beautiful country, where she would have no responsibilities at all, be loved, appreciated, taken care of; she wanted to be a baby.

Ernest Jones (30) reported a dream of an unmarried woman, forty-six years of age, who had secret sexual desires for her dentist and who needed to have a tooth extracted. She was afraid that during general anaesthesia she might betray herself. While under narcosis, she had a dream which she had again two days later. In her dream ' she was under the surface of the earth in a long, cool place, where everything was gay and happy '. Associations to the dream, according to Jones, disclosed a fantasy of being in the womb. The extraction of the pain-causing tooth was understood in her unconscious as the birth of a child.

Darlington (12) writes that the oral cavity becomes associated with the womb by upward displacement. It is also symbolic of the house and the grave. These symbols are integrated by the unconscious. According to Stärcke (55) the mouth is supplied with a number of accessories to replace parts that have been lost. The common derivation of the feeling of loss in the mouth and genitals from withdrawal of the mother's nipple explains the symbolic association of masturbation and tooth-pulling. Tooth extraction stirs up the old complex of sensations associated with the withdrawal of the nipple from the mouth. The same mechanism applied to masturbation. Therefore, castration occurs as a direct consequence of masturbation.

In the paper previously mentioned Heinrich reports that, according to his findings, the dentist symbolizes the obstetrician, and the tooth the baby.

In another paper Ernest Jones (31) states that teeth in dreams are often symbols of birth. This connection is never conscious; in the ' Song of Songs ' (iv, 2) one can read: ' Thy teeth are like a flock of sheep that are even shorn, which came up from the washing; whereof everyone bears twins, and none is barren among them.'

Freud (21, p. 387), writing about tooth symbolism in dreams, mentions Jung, according to whom, in women, tooth dreams have the meaning of parturition. Loss of a tooth in the dream is identified with the feeling that a baby, part of the woman's body, is removed. This is confirmed by Farber and Fischer (15), who found that loss of a tooth in dreams symbolically signifies in men that a vital organ has been cut off; in women it means to give birth to a baby. Rhan (47) believes that there is a possible connection between infantile thumb-sucking and tooth dreams. The infant starts thumb-sucking before having teeth and later on, in order to enjoy fully again the pleasure in thumb-sucking, one has to lose one's teeth. As a grown-up he may satisfy this wish by dreaming about loss of teeth. The deep wish is that by losing teeth in dreams, one may act as a baby and suck on the mother's breast.

In mentioning the puberty rite in which a tooth is knocked out, Menninger (36) states that this is not self-mutilation, because it is inflicted by a second person, but it does gratify the victim in some way. All the methods seem to carry the significance of death followed by rebirth.

Géza Róheim (51) offers a somewhat similar interpretation of this practice in his paper on ' Transition Rites '. According to Freud, Róheim states, anxiety is fundamentally a separation anxiety, and on the ground of Hermann's theory ' loss of hair or nails or any other particle of the body represents the primal object loss anxiety, because of the original mother-child unity or subject-object identification '. Róheim states that ' The obvious interpretation of the initiation rite in which a tooth is pulled out seems to be that the operator is separating the young man from his mother, i.e. from the nipple.' Separation from the mother is thus represented as a separation of a part of the body from the whole.

Among the aborigines of the Admiralty Islands the teeth serve as a necklace for the sister of the dead man, write Jelliffe and Zenia (29). In other tribes the relatives wear a tooth or teeth of the relatives. The writers interpret this as follows: ' The wearing of . . . teeth formed into a necklace ' means ' an actual contact and union of the male and female organs '.

Rhan reminds us (it is a confirmation of Lorand's (35) interpretation) of the dental stimulus dream: ' It is a memory of the time of thumbsucking '.

In Central Australia some tribes circumcise and others have tooth evulsion ceremonies, states Darlington (10). The prepuce, he suggests, is an unconscious equivalent of lips and the phallus of the tooth. (In animals not provided with horns, teeth are used for assault, and the membrum virile, according to Darlington, is often viewed as a weapon of assault.) Lips or the prepuce must be pulled back for

attack. Knocking out a tooth is, according to this theory, a substitute for cutting lips. Also psycho-analysis shows the mouth to be a symbolic virgin which may be opened for marriage by making a gap in the teeth. With a full number of teeth the person possesses both male and female sex organs. Therefore, both boys and girls must have one of the sex organs removed so that the other can operate.

A male patient dreams: ' I am in a restaurant. The waitress gives me a roast beef sandwich. I say to her, " I am on a meatless diet. I cannot chew well." ' In the associations to this dream the patient emphasizes the attraction for him of large breasts, like those of the waitress, and his desire to play with them. He is afraid to play with the breasts because such play leads to sexuality and incest wishes. He prefers to be on a fluid or milk diet so that he will avoid what he feels to be the threat of sexual excitement.

The Role of Dental Stimulus Themes in Psychoses

In 1926 Dr. Sugár (58) describes four cases who developed psychoses in connection with either having their teeth extracted or some other kind of tooth involvement. The histories of the cases show definitely the unconscious equivalent of tooth and genital and the interrelationship between symbolism, castration anxiety, and self-punishment tendencies and desires. Sugár also cites a communication from Dr. Schilder, in which a patient dreamed, after sexual intercourse, that one of his teeth was being pulled out. The patient's association to this dream revealed his idea that good teeth with which to bite hard were necessary implements for strong erection and for good intercourse. The patient states his belief that good teeth made intercourse more powerful and that he had his teeth fixed for this reason. Sugár's experience with tooth symbolism leads him to state that the theme of tooth pulling in the etiology of psychosis plays the same role as in the dreams.

Dr. Ruth Mae Brunswick (7) in her paper, ' Supplement to the History of an Infantile Neurosis ', describes the hypochondriacal form of paranoia in which the patient distrusts dentists and always had the judgement of one checked by another. The patient acted similarly to tailors (Schneider) who are, of course, common figures for the castrator.

John Rosen (52) makes reference to a patient whose mouth is distorted with pain. He had been going to the dentist with it for fifteen years, but the torture in his mouth is still there. Rosen interpreted the pain to the patient as an infantile injury on a stony breast.

These short references to psychotic manifestations bring us to the summary of our presentation.

Symbols in the dreams may have different meanings at different times to the dreamer. In typical dreams, as tooth-pulling dreams, the symbol has a certain meaning in general. The recurrent dream about teeth always represents the central problem of the patient, which is of a sexual nature. The deepest wish in the tooth dream is regression to early toothless infancy to avoid all the pains and dangers associated with sexuality and adult functioning (aggressive as well as sexual problems).

The same idea was touched upon in an attempted interpretation by Rank (see Freud (21, p. 388)) of a dream of a friend of his. Rank's friend had one of his back teeth treated by a dentist. The dentist makes the tooth useless by drilling and then pulls it out; but the pulled tooth proved to be a healthy one which fell into pieces. Then the dentist pulverized it, explaining that it is only before puberty that teeth come out so easily—the dreamer added that he had a seminal emission during the dream, and then continued to dream. In this involved part, he left his hat and coat somewhere (possibly at the dentist's office), hoping that someone would bring them to him. He hurried to catch a train and caught the last car. He couldn't get in because somebody stood in front of him. He travelled very uncomfortably, but he escaped in the end from that discomfort.

The association of the dreamer involved annoyance with the dentist on account of the pains and expenses. Masturbation at puberty, at the time when he pulled out one of his own loose teeth, thoughts about the economic advantage of masturbation over object love, intercourse, difficulties involved in intercourse and the dangers of intercourse (pregnancy, etc.) versus masturbation. Rank writes, in connection with the interpretation, explaining how the dream was produced by the dreamer, ' The dreamer's visit to the dentist, his conversation with a lady, and his reading of *The Interpretation of Dreams* would quite sufficiently explain how he came to produce this dream, especially as his sleep was disturbed by toothache; they would even explain, if need be, how the dream served to dispose of the pain which was disturbing his sleep—by means of the idea of getting rid of the painful tooth and by simultaneously drowning with libido the painful sensation which the dreamer felt . . .'

Dr. Bertram Lewin, in a letter written to

Lorand in 1948 after presentation of his short communication about tooth dreams, writes about a patient of his, whose dream he had the opportunity to analyse in 1944. The patient dreamed that her teeth were going to fall out and that she needed false ones. In the dream she distrusts the dentist and thinks of going to a new one to have all her teeth pulled out. Lewin interpreted this dream as a wish to regress to the toothless state.

In another place, 'Phobic Symptoms and Dream Interpretation', Lewin (34) writes: 'This interpretation of the agoraphobic sense of losing the legs is analogous to that given by Lorand (1948) for the loss of teeth in dreams—that the dreamer wishes to return to the toothless stage when he was being nursed. We are indebted to Gerö (24) and ultimately to Abraham (1) and Sadger for the knowledge that a tooth and a leg are mutually replaceable symbols. Both may represent the genitalia or sadistic weapons, and they may both be organs with muscular-erotic functions. Their loss consequently implies castration or passive masochistic gratification. However, in addition, teeth and legs both may be lost in dreams to fulfil a wish to be nursed and carried, passive feeding and passive locomotion taking the dreamer back to the same stage of infancy. Not to go out is a mild form of not walking at all, and this is probably the main idea behind the remark that Abraham (1) made of his five-year-old incipient agoraphobic: "Ich will kein Spazierkind sein, ich will ein Mutterkind sein." If the ego drastically eliminates those of its organs that make for independent existence, it is ultimately thrown back on the mother and the helplessness that precedes sleep.'

In accordance with Lorand, Ohtsuki (39) draws attention to the vicissitudes of the development of teeth in early infancy and their impact on various feelings which may lead to the symbolic meanings of teeth in the dream. While affirming Lorand's interpretation of the wish to regress to toothless infancy, he, for the most part, sees the symbol as a repression and prohibition of destructive impulses. Teeth being the primary weapon, he refers to toothlessness as carrying the predominant meaning of loss of the weapon. He also refers to the Japanese linking of the loss of teeth with the death of a close relative. The Japanese saying is: 'It feels so strange if a relative dies; just as if a tooth is lost from your mouth.' Ohtsuki assumes the psychological basis for this saying may be the sensation of something missing felt with the tongue when a tooth is lost.

Ferenczi's (19) very interesting and stimulating hypothesis has to be remembered and thought of. He writes: 'The human being is dominated . . . by a . . . regressive trend toward the re-establishment of the intrauterine situation. . . .

'[The baby] emerges from the period of harmless oral erotism, sucking, into a cannibalistic stage; it develops within the mouth implements for biting with which it would fain eat up, as it were, the beloved mother, compelling her eventually to wean it. Now what we mean by this is not only that this cannibalistic trend subserves the instinct of self-preservation; we suppose, rather, that the teeth are employed also as weapons in the service of a libidinal striving; they are implements with the help of which the child would like to bore its way into its mother's womb.

'The sole argument—at all events the argument of moment to the psychoanalyst—which emboldens us to offer this daring hypothesis is the uniformity and unmistakableness with which the symbolic identity of penis and tooth recurs, both in dreams and in neurotic symptoms. According to our conception the tooth is therefore really a primal penis (Urpenis), whose libidinal role, however, the child who has been weaned must learn to renounce. It is not that the tooth is therefore the symbol of the penis but rather, to speak paradoxically, that the later maturing penis is the symbol of the more primitive boring implement, the tooth. The paradoxical character of this supposition is perhaps moderated, however, by the consideration that every symbolic association is preceded by a stage in which two things are treated as one and so can represent each other.'

Freud (22, p. 548) describes this problem of regression in its role of the formation of dreams in these words: 'Three kinds of regression are thus distinguished: (a) *topographical* regression, in the sense of the schematic picture of the ψ-systems which we have explained above; (b) *temporal* regression, in so far as what is in question is a harking back to older psychical structures; and (c) *formal* regression, where primitive methods of expression and representation take the place of the usual ones. All these three kinds of regression are, however, one at bottom and occur together as a rule; for what is older in time is more primitive in form and in psychical topography lies nearer to the perceptual end.' Earlier Freud writes about temporal regression: 'We distinguish two such regressions—one in the development

of the ego and the other in that of the libido. In sleep, the latter is carried to the point of restoring the primitive narcissism while the former goes back to the state of hallucinatory wish-fulfilment.'

In dreams about teeth we consider this temporal regression to be of outstanding importance. The deep oral regression gratifies the wish for primitive narcissism—being back at the mother's breast. In another place Freud (21, p. 567) writes: 'What once dominated waking life, while the mind was still young and incompetent, seems now to have been banished into the night. . . . Dreaming is a piece of infantile mental life that has been superseded.' The dreamer tries to recreate the happy carefree period when teeth were not disturbing his purely pleasure existence. He follows the road of regression which we all do in dreams—to that happy past.

Excerpts from Dr. Rene Spitz' Discussion of This Paper

Dr. Lorand and Dr. Feldman have contributed a new and particularly valuable viewpoint to our understanding of the ubiquity of tooth dreams by calling our attention to the importance of the physical experience of pain and of physical changes in connection with dentition in the infant in the second half of its first year. Such experiences are repeated around the sixth year, and in a final recurrence, though milder, around puberty. They stressed the fact that these experiences were not only transitory but prolonged. They further established a circular chain of events, which can be described in terms of: possession, followed by loss, followed by restitution. The latter element was stressed by Marie Bonaparte in her provocative article on man and his dentist—in which the dentist plays the role of the good father who takes a small, inadequate organ out and replaces it by a large, beautiful, and adult organ.

These considerations elicited the following speculation in my mind: At the time of the first dentition a triple chain of events takes place. One is the dentition itself, the breaking through of the teeth with the concomitant pain, suffering, and discomfort. The second is the development of aggression or rather the manifestation of aggression in the form of destructiveness. This particular development appears for the first time at or around eight months, and is generally known to child psychologists. The third is that in our culture this is also the period of weaning, a coincidence to which Abraham has already called our attention. I wonder whether this triplicate incidence does not suggest a traumatic experience of the nature of the trauma which we are accustomed to connect with the development of a traumatic neurosis. The ubiquitousness of the tooth dream, as well as its repetitiveness in one and the same person, would then correspond to the typical dream of traumatic neuroses in which the trauma is experienced again and again. Like any other typical dream of traumatic neuroses, the tooth dream would then be triggered by the re-occurrence of a situation which represents loss, pain, suffering combined with aggression.

This in no way contradicts Dr. Lorand's and Dr. Feldman's assumption of the tooth dream ultimately representing a return to the breast. In traumatic neuroses the trauma represents the dividing line between the happy period before the trauma occurred and the unhappy one after it occurred. Accordingly, the repetitive nature of the typical dream of traumatic neurosis corresponds to the wish to return to the happy pre-traumatic period—in the case of the tooth dream to the period when the child still had the breast, the undisturbed sleep, and was unaggressive and undestructive.

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A NOTE ON THE EXTRAPOLATION OF ETHOLOGICAL FINDINGS[1]

(A REPLY TO L. SZEKELY: 'BIOLOGICAL REMARKS ON FEARS ORIGINATING IN EARLY CHILDHOOD')

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In a series of articles and motion pictures representing steps of the 'Psycho-analytic Research Project on Problems in Infancy' I have investigated the manifestations and the development of emotions in the infant. Of these publications the monograph 'The Smiling Response' (11) and the article 'Anxiety in Infancy' (12) are particularly relevant to our present discussion. The investigations in question were conducted on one hand with the help of direct infant observation, on the other with the help of certain experiments which I described in the above-mentioned publications. The findings were as follows: The infant experiences its relationship with its mother emotionally and responds to this experience with a smile by the third month of life. This smile takes place in response to a visual stimulus within the human face. This stimulus is the eyes-nose-forehead configuration and is not reacted to from the beginning; the steps in its establishment are distinct; it takes two months before it becomes established. The fact that it does become established is a criterion of the normal inception of the infant's social relations, a first relation which is the basis of, and determines the pattern for, all later social relations. If we follow from birth the development of the smiling response, it becomes evident that the emotion underlying this reaction is similar to what we call pleasure in the grown-up. The appearance of the smiling response indicates that the child has acquired a capacity to distinguish and to experience positive emotions (13).

While the manifestations of positive emotions represent a reaching out into social relations, as it were, the manifestations of negative emotions are more in the nature of avoidance, shrinking back, and flight. The history of their development in the first year of life appears more complex and more differentiated than that of the pleasure responses (14). I have distinguished three stages of this development:

1. Physiological *tension* leading to diffuse discharge phenomena at birth (10).

2. Unpleasure responses in the nature of *fear* to both physical and psychological stimulation, resulting in 'flight' and developing at some time about the third month of life.

3. Unpleasure responses in the nature of *anxiety proper*, developing in the eighth month of life.

I distinguish anxiety proper, the eight-months anxiety, from fear as follows: Fear is the emotion of unpleasure, experienced when confronted with a recognized physical or psychological threat. The term 'recognized' implies that the threatening percept has been experienced previously and has led to painful consequences. Anxiety on the other hand is a signal by the ego, warning the organism of an impending danger from within (12).

In a recent article published in the *International Journal of Psycho-Analysis* (17) L. Szekely presents several ingenious hypotheses based on animal ethology. With the help of these hypotheses derived from experimental biology he reinterprets the observations which I have published on the smiling response and on the eight-months anxiety. The conclusions at which he arrives are diametrically opposed to those which I have drawn in my articles.

In their observations on animal ethology, G. P. Baerends (1), K. Lorenz (6, 7, 8) and N. Tinbergen (18) have formulated the concept of

[1] Ethology, the scientific study of behaviour, investigates, from the viewpoint of the causal structure underlying behaviour, why the animal behaves as it does. Within this structure the problems of sensory physiology, neurophysiology, endocrinology, and their integration in the act of behaviour as a whole on one side, on the other the ontogeny of behaviour and its evolution in the course of history and finally the biological significance of behaviour are examined.

what they call the ' Innate Release Mechanism ', or IRM for short; and of key stimuli which release the IRM. A key stimulus consists in either a specific behavioural pattern or a perceptual element with Gestalt qualities that act as signal in eliciting a specific unlearned behaviour characteristic of the species for which this behaviour has survival value. The IRM on the other hand is that innate neuro-physiological mechanism which under the influence of the key stimulus will release the innate behaviour.

I described the ' eyes-nose-forehead ' configuration as the stimulus which becomes effective between the third and the sixth month in eliciting the smiling response (11).

Szekely, on the contrary, believes that this configuration is a key stimulus, which is phylogenetically derived from the enemy key stimulus for triggering innate instinctive fear behaviour.

It is questionable whether the ' eyes-nose-forehead ' configuration can be considered as the phylogenetic survival of the key stimulus for the enemy percept. This interpretation of Szekely does not appear to be borne out by the statements of the original observers, Baerends, Tinbergen, Hartley (5), and Lorenz. They make a distinction between key stimuli for enemy recognition and key stimuli for recognition of the species itself. The latter serve social behaviour.

In support of his argument Szekely quotes Baerends (1) to the effect that ' eye spots ' may be used as frightening structures. There is to my knowledge only one reported observation in which this has been studied. That is the observation made by students of Tinbergen on butterflies, a species very far removed from man on the evolutionary scale. The other examples of the function of ' eye spots ' given by Baerends show them in the rôle of a social releaser for sexual behaviour in fish. In other words, they are no longer key stimuli for enemy recognition, but for recognition of the species itself.

This becomes the rule on the higher levels of the evolutionary scale, in the birds described by Lorenz (6). He stresses that the various species of birds have particularly characteristic, conspicuous, and colourful facial markings. Lorenz believes that these markings contribute to release the ' gaping reaction ' in the young, a response strikingly similar to the smiling response.

I am always reluctant to use similarities or dissimilarities in behaviour in phylogenetically differently organized species to support my arguments regarding human behaviour. But even in the context of phylogenesis it seems to me that the ' eyes-nose-forehead ' configuration, in the vast majority of cases where it becomes operative, is a social releaser key stimulus in the intra-species relations; the behaviour which it releases belongs to the feeding-nursing situation. I have alluded to this in my study on the smiling response when discussing the consequences for the evolution of man of the face-to-face situation resulting from the liberation of the hand.

Szekely then introduces an assumption according to which the infant reacts during the first months of life to the face of the mother with anxiety which is inspired by the ' enemy ' key stimulus, by the archaic fear releaser, as which Szekely considers the ' eyes-nose-forehead ' configuration.

From this assumption he concludes that when, in the third month, the infant smiles in response to this stimulus, he manifests the first mastery of this archaic fear. In Szekely's opinion the infant achieves this mastery by transforming the 'eyes-nose-forehead ' part into a partial object with the help of libidinal investment. This could be a very appealing hypothesis.

He believes that the eight-months anxiety is the visible manifestation of the child's having learned to distinguish the part object of the mother's face from the pre-object of the ' eyes-nose-forehead ' enemy key stimulus. According to Szekely the inborn visual stimulus is the ' eyes-nose-forehead ' configuration, which triggers fear until in the third month it is transformed into a pre-object and provokes the smile as a mastery of this fear. Subsequently it loses its pre-object quality and becomes on one hand the part object when connected with the mother, on the other has retroverted to the archaic fear stimulus when perceived in the stranger.

These in essence are the assumptions made by Szekely and the conclusions which he draws from them. The psycho-analyst will have to consider this hypothesis carefully. It is a satisfactory and elegant formulation in the tradition of our analytical thinking. We must not overlook, however, that it is an extrapolation of the insights gained from the ideational communications of patients to perceptions of a visual nature in the infant.

Szekely stresses repeatedly that experimental proof of these hypotheses is still non-existent. He feels however that his hypotheses are supported by my observation that the child is afraid of the stranger even when it is sitting on its mother's arm and clinging to her.

I have to disillusion him on this count. He feels that this observation confirms his assumption that the fear manifested by the child is not a fear of loss of object. That would be true if this particular phenomenon were to be found in the majority of children. Such is not the case; in the great majority, children in their mother's arm or on her lap either pay no attention to the approaching stranger or even may show friendly curiosity about him. The very same children, however, when alone, will present all the signs of eight-months anxiety at the stranger's approach. Those few children who showed anxiety in front of the stranger when sitting on their mother's arm were rare exceptions, extreme cases. I have the suspicion that it is their individual history which causes them to react in that particular manner. They are not representative of the normal phenomenon of the eight-months anxiety.

To come back to Szekely's fundamental argument on the phylogenetic origin of the eyes-nose-forehead stimulus: from the beginning of my research on the smiling response I had considered the possibility of a connection between the ' eyes-nose-forehead ' configuration and the animal's phylogenetically transmitted ' food ' key stimulus as described by Lorenz.

For the purposes of our studies we have presented the stimulus of the face for six months, beginning with birth, once a week to several hundreds of infants. Each presentation lasted from ten to fifteen minutes; each presentation began with the normally smiling face which was successively modified as described in my monograph *The Smiling Response*. We have never been able to observe fear in any of these infants during the first three months, with the exception of three or four cases, in which a specific individual history of the infant in question provided a clearly understandable reason for the exception. What is more, the rather voluminous literature on the first three months of life does not to my knowledge contain any example of the human face provoking anxious reactions in the child.

Another point raised by Szekely is that, since the sight of a back is usually followed by the mother's disappearance, a back turned towards the baby would inevitably release the fear of object loss, whereas the experiments show that this is not the case.

A back, however, is not a percept with Gestalt qualities that lend themselves to discriminatory differentiation, even if we were to presume that it could be emotionally cathected with unpleasure. A far greater discriminatory capacity has to be acquired before the baby becomes able, after a couple of years, to distinguish one back from another. At the eight-months stage the back approaching the baby does not represent one person or another, but a ' no-face ', moving being. It has the potentialities of gratification, including those offered by the mother's presence. The back neither confirms nor excludes the mother's presence.

So far we have dealt with the factual misunderstandings, for which I have to take responsibility. However, in the limited scope of an article or of a monograph it happens that one overlooks the necessity of explaining *expressis verbis* observations with which one is so familiar that one takes them for granted.

I come now to certain theoretical arguments of Szekely, some of which are evidently caused by differences in our scientific concept. Throughout his article Szekely speaks of ' fear '. He notes that I maintain a preconceived theoretical assumption. This assumption is that fear manifestations in presence of the stranger are a ' reaction to an internal danger, that is an instinctive fear '. He is right. My basic concept of anxiety is that expressed by Freud in his book on the subject (4).

Throughout his article Szekely uses the terms ' fear ' and ' anxiety ' interchangeably. I make a clear distinction between fear and anxiety, as stated in the first part of this paper. I believe that the eight-months anxiety is a danger signal produced by the threat of a break-through of the protective barrier (*Reizschutz*) against stimuli (3). This is precisely the reason for which I called the phenomenon anxiety proper. Object-libidinal strivings in the form of longing for the mother put an increasing pressure on the ego, which is still too weak either to fulfil or to withstand these demands. The unopposed id-demand, the longing, is reinforced through the awareness of narcissistic inadequacy. It is an apperception, that is, an internal perception, of the threat that the ego will be swamped with feelings with which it cannot deal (4).

I have based my conclusions on the following considerations:

1. Long before the inception of the eight-months anxiety the child experiences fear when confronted with *known* and recalled dangers.

2. The stranger is not a danger experience in the history of children with eight-months anxiety.

3. In contrast with this, the child has experienced numerous unpleasure situations in connection with the mother, yet does not react to her face with fear.

It seems logical therefore to me that, since the stranger does not represent an external danger, the reaction of the child must be one to an internal threat. I do not share Szekely's opinion that *anxiety* reactions are observable earlier in the ontogenesis of the child. I believe that these earlier reactions are *fear* reactions in response to a known danger and modelled after the prototype of the trauma of birth. The latter I consider a physiological tension state leading to diffuse discharge phenomena.

This theoretical difference between Szekely and myself is in the last resort a matter of definition. After all, in terms of our psychoanalytical theory we agree that within about a year after the appearance of the eight-months anxiety neurotic anxiety phenomena in children have unquestionably been observed in the form of night-terrors (16, 17), etc. At some point in the development the fear in the presence of the known danger is elaborated into the fear of the unknown danger, into the reaction to the conflict of instinct. I believe, notwithstanding Szekely's appealing hypothesis, that the eight-months anxiety is the first observable instance of this conflict. It is not a neurotic phenomenon, but a normal one, in so far as the conflict is situated between the ego and the id. Probably the presence of a forerunner of the superego, of a conscience in the form of Ferenczi's 'sphincter moral', is required for the conflict to take on the neurotic colouring of *pavor nocturnus* (2). At that point the conflict will no longer be between ego-weakness and id-demand, but between conscience and id.

Szekely's assumptions are primarily based on the hypothesis that the face is a phylogenetically inherited key stimulus derived from the enemy schema, a fear releaser; according to him the infant from birth reacts with fear to the mother's face. Evidence for this assumption is lacking. Indeed, all child-observational evidence is to the contrary. It therefore appears to me risky to draw conclusions from laws established for the behaviour of animals to the behaviour of the human being. Modern scientific methodology does not admit the application of findings operative on a level of minor complexity of organization to a level of higher complexity of organization without validating evidence (9). Until contrary proof, the thesis of Szekely will have to be classified under the aspect of an ingenious but speculative conjecture.

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NOTES ON A CASE OF DRUG ADDICTION[1]

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The case to be described is that of a female drug addict who died towards the end of the fifth year of her analysis, at the age of forty-two, of cerebral hæmorrhage consequent on long-standing hypertension. Her death made me at one time relinquish my intention to present her case. Further consideration, however, convinced me that it provides such excellent clinical material on addiction as to merit description.

It would prove an impossible task to compress such a multi-faceted phenomenon as addiction into the time allotted, and a violation of its complexity to select one single aspect. Therefore, a solution will be attempted, I hope not too unsatisfactorily, by conveying a few clinical features and indicating the salient points of their genesis. Thus anamnesis, clinical history, and the course of analysis will be amalgamated. This unfortunately excludes a unilinear sequence of description and requires the listener's indulgence for a somewhat complex mode of presentation. Dream material, too, will be restricted to relevant aspects.

The patient married at seventeen, and her son was twenty-four when she died. She was a feminine-looking woman, very well-groomed, dressed with conventional taste, except for her peculiar headgear, which varied from a single large feather to just an enormous brim. Although of small stature, her weight at the outset of treatment was no less than 14 stone, this having been constant for the last twenty years. This and other factors, including high blood-pressure, had led her physician, unknown to her, to assess her expectation of life at a few months at most. Her oral anxieties had precluded slimming, since food deprivation greatly increased her craving for morphia. Only during the course of the treatment, when her anxiety was lessened, could she undertake a diet which reduced her weight by over 4 stone. Her blood pressure then fell considerably from the previous systolic figure of around 300. I ought to mention at this point that, during the entire analysis, the patient was under constant and skilled medical supervision. Her mental disturbances were further reflected in an extensive symptomatology and included, among other phobias, self-imposed insomnia, severe claustrophobia, manifest homosexuality, gambling, and morphinism.

Both parents were grossly pathological and many of the patient's abnormalities were obvious reflections of her childhood history. Her father was an insatiable Don Juan type, and no female in his vicinity, including his own daughter, was spared from his advances. There is evidence of how he seduced and stimulated her from her earliest age. Freud, although not invalidating his ideas on the vital effect of phantasy, reverted in his latest paper, 'On Female Sexuality', to the recognition that, where actual seduction occurs, it invariably disturbs the natural course of psycho-sexual development and has profound lasting consequences. This father had only to touch the patient's hand in her adult life, as well as in her childhood, to show signs of an erection. In treatment she frequently used a German saying, '*Zeig' ihm einen Finger, und er nimmt die ganze Hand*'—'Show him a finger and he grabs the whole hand'. The background of this saying was to become evident in many analytic contexts.

The mother, like her child, was intelligent and well-bred but highly disturbed. She seems to have suffered, among other peculiarities, from a particular type of death-fear which took the form of an over-exaggerated wish to appear much younger than she was. When pregnant with the patient she could not admit to the idea of having reached child-bearing age. She expected others to comply with her denials. Thus, even up to the time of the patient's death, she was introduced by the mother as her sister or friend. The mother achieved a sublimation of considerable merit, owning a reputable and flourishing institute for rejuvenation.

The patient was born in spite of attempts at abortion, and the mother pursued every stage of the child's development with strict disciplinary measures and frustrating tendencies. Nurses and governesses who became friendly with the child were usually dismissed, and teachers were influenced not to promote the child to a higher form, to postpone the evil hour of having a daughter of school-leaving age. The mother seems also to have had a severe masturbation problem and would not allow her

[1] Paper read before the British Psycho-Analytical Society on 5 May, 1953.

daughter, until the age of fifteen, to bath alone or to use the lavatory behind closed doors.

As the patient's material could give the impression of cover memories or masochistic phantasies, it seems necessary to emphasize that this history is verified by outside sources as well as clinical evidence. The patient's masturbation was covered by the deepest amnesia, although various equivalents were readily detected, for example, in school she was allowed to knit because she could not concentrate without it. The serious consequences of excessive anti-masturbatory severity have been stressed by Helene Deutsch, Ruth Brunswick, etc., and, more recently, Anna Freud has emphasized, in particular, that complete suppression of phallic masturbation can lead to serious impairment of ego-activities, sometimes so far as to produce psychopathic behaviour. The extreme prohibitive supervision in this case was aggravated by the father's repeated seductions. From childhood, therefore, the patient always swayed between prohibition and temptation, until in later life anxiety and wish became unalterably welded.

During the first three months of her life she encountered prolonged severe stress and nearly starved to death. This period of breast-feeding by her mother was a succession of vomiting, diarrhoea, breath-holding, convulsive crying, sleeplessness, and complete exhaustion. When all hope had been abandoned, the mother at last engaged a wet-nurse and profuse lactation was eagerly accepted. As soon as the baby's health improved, the wet-nurse was abruptly dismissed, the happy state came to an end, and the old disturbances revived in full force.

To anticipate the core of the case, she was the rejected child of a sadistic mother and all her mental and psychosomatic disturbances bore the imprint of this fact. Her life was a desperate Odyssey in search of the mother and the seeking for her breast the phantasy content of her addiction and homosexuality, the same aetiology being responsible for both disturbances. In the latency period, her homosexual desires were already manifest and were then, as later, directed towards women in authority. At the age of eight, she rose suddenly from her seat to unbutton, in front of the whole class, the blouse of a beloved teacher. At 9, she produced pains all over her body so as to be massaged by an adored nurse. Her identifications with her teachers, although homosexual in nature, were important incentives for learning.

At sixteen, still believing that she could thus become pregnant, she encouraged the manager of her father's business to kiss her and told him that she now expected marriage. The mother tried to dissuade the man and she might have succeeded in preventing the marriage, which actually took place one year later, had not the father become bankrupt and fled abroad, while the mother, also, departed with her younger daughter. The patient's future husband imparted to her the news that she was without parents, home, or means. He was an open-hearted, affectionate man of high reputation in business circles who not only married the already sick, monstrously obese and penniless girl, but stuck to her through all ills to the end.

At the age of nineteen, after two years of marriage, following a surgical operation, she became and remained a morphinist for eighteen years. During this period the pathoplasticity of her body was so skilfully exploited that there was no doctor or nurse who could resist giving her morphia whenever she produced pains, convulsions, spasms, gynaecological trouble, or the symptoms of gall or kidney-stones, etc. With the onset of morphinism, she stopped having intercourse with her husband and either engaged in manifest homosexual activity or spent her days in drug elation and stupor. Throughout her analysis, however, in spite of recurrent agonizing desires, she maintained abstinence in both these respects.

The well-known impatience and tension-intolerance of addicts disposes them against the slow method of analysis. Also they are reluctant to seek analytic help. It was actually a wave of paranoid homosexuality which swept her into my consulting room. While under withdrawal treatment in a mental hospital, she fell in love with a woman doctor who failed to notice her innuendoes. This doctor had occasion to refer to me in appreciative terms. Thereupon the patient suspected an affair between us and became magnetically attracted to me. Hoping to win one of us by severing our imagined relations, she manoeuvred the Hospital Superintendent into recommending analysis. This preformed transference was unknown to me when I took her on. The initial house-on-fire transference had a dual structure. The superficial positive element also contained features of the libidinizing defence against anxiety described by Fenichel in one of his articles. With the patient, it derived from the childhood situation when her dread of the ever-changing nurses led to quick shallow contacts, inhibition of aggression, and mistrust of her own projected affects. Underneath her initial love for me was a thick layer of paranoid mistrust, since she was seeking the woman doctor from the mental hospital, whom she suspected to be hidden in my house. When this subsided, it was followed by a very positive but infantile imitative identification with the analyst. She readjusted her household, catered for good meals and, instead of a lavish squandering of her husband's often hard-earned money on homosexual love-objects, renewed and refurnished her home, in particular building up a substantial library. She became interested in people and their problems and became well-loved by many whom she could help. This dramatic change at the end of the first period of analysis stood in sharp contrast to the paranoid beginning, representing the good introjects of the short-lived oral satisfaction phase,

the quick assimilation in the transference corresponding to the satisfaction experienced with the wet-nurse.

In her homosexual desires the *conditio sine qua non* was that the woman had to be older than herself and, to tempt her, she had to be motherly with voluminous breasts. In her manifest homosexual relations, a well-developed clitoris was of great importance. Towards men, in contrast, she was extremely aggressive, dominated by penis-envy and her revenge-type castration complex, as Abraham called it.

She soon began to play cards for high stakes, exclusively with men and, at the card-table, earned the nickname of ' The Fortress Commander '. Her earnings from these men were spent on presents for prospective love-objects. Thus gambling, one of her major addictions, was solely in the service of homosexuality. One motive was made clear beyond all doubt by her use of such expressions as ' tearing ' or ' wrenching ' the money away from men, stripping, robbing and humiliating them. To borrow Ella Sharp's phrase, ' The physical background was always apparent behind her metaphors '. In a dream, she wrenches away from a man a diamond-studded revolver, to give it to a beloved woman. Thus she starts the conquest of woman in the guise of a man and a provider soon after, however, feeling frustrated in the active role. To describe this, one feels tempted to reverse the the title of Joan Riviere's paper and call it ' Masculinity as Masquerade '. What she really wanted was the deepest longing of the addict, to be the child, suckled, petted, and engulfed in the mother. Usually she felt cheated, since the partner wanted, at least to some extent, the same thing. Whereas mother-child interchange is usually possible in non-addict homosexual relations, with her and, perhaps, with addicts in general, the strength of their oral greed does not seem to allow this. Thus her relations came regularly to a bitter end. The actual sequence of events was that she produced excruciating pains, inducing the partner to procure and administer morphia on an increasing scale. The partner, complying for the sake of the relationship, was of course disappointed, since, apart from relief of pains, the effect of morphia on such predisposed individuals is what Rado calls ' the pharmacogenic orgasm '. Morphia, by direct action on the central nervous system, short-circuits the peripheral sexual apparatus and, by substituting an alimentary pharmacogenic orgasm, leads to the turning from object love to the drug which then becomes the only love.

The oral frustrations and the lack of early mothering were succeeded by further rejections and frustrations in the anal phase and a too strict habit training in which she had to perform immediately or the pot was removed. Assuming a similar strictness in the analyst, she dreaded to come late to her sessions, yet she could not come early, fearing her own mounting rage at being kept waiting, This attitude certainly fused oral impatience and anal compliance, and was the reflection of her bitter childhood experiences in the early paranoid phase of the transference. The loosening of it was marked by the following dream: She is racing along the street to her analysis, chased by a little chamber pot with a smiling face. This dream, the last of an anal dream series, was followed by a functional autonomy so that, to test and to enjoy her newly acquired patience, she came early to her sessions and dealt at busy shops where she knew she would be kept waiting. At the same time, it marked the fading out of the oral-anal ' too early ', ' too late ', or ' to get stuck ' fears, although these were to appear in genital context, as will be shown by the way in which her father's seductions impinged adversely upon her sublimations.

She had the ambition to be a pianist, specializing in Bach, but her playing was invariably affected by an attack of anxiety. In many dream versions, a small brook, in German ' Bach ', grows into a turbulent river, ending in a frightening waterfall. It was not difficult to refer this to her father's habit of urination in her presence. Her talent would have justified the career of a pianist but the fear of getting stuck, and an urge to accelerate, precluded this. Adagio or largo was involuntarily increased to presto, prestissimo. Her unconscious guilt also prevented her playing by heart, except two pieces played on an occasion when she noticed the music professor nodding approval to her mother. In many dreams she sits on something warm, with her back to an upright piano, her feet not touching the pedals—a child on a man's knees. She tries hard to play but, since the keys of the piano feel like a sponge, eiderdown, or hairy cushion, no sounds are elicited. Her father was a precocious ejaculator and, when misusing the child, would snatch or thrust away her hand according to his needs, leaving the wrought-up girl excited and frustrated. In another dream version, just as the sound seems to be coming, she notices with horror that her hands are sticky and so, again, gets stuck in her playing.

In her fifth year, her great disappointment in her father coincided with the birth of her sister, an event of decisive importance. He promised her then a little boy in a Tyrolean hat with a feather, to play with her and be her sole possession. Her crazy hats remained a life-long allusion to what this broken promise meant to her. She had no opportunity of mothering her newly-born sister since the two children were largely kept apart, even having separate governesses. This disappointment marked another stage towards the final outcome of homosexuality, the other basis of which was the oral disposition and the deprivational fixation to the mother. From that time on, her passive wishes towards her father changed into the wrenching away attitude and it was thus that she approached the homosexual

love-object with the phantasy of having obtained a penis.

The disappointment in both of her parents distorted her object relationships and consolidated her depressive disposition, as noted in two papers by Edith Jacobson: 'The Oedipus Complex in the Development of Depressive Mechanisms' (1943) and 'The Effect of Disappointment of Ego and Superego Formation in Normal and Depressive Development' (1946). It led to unusual deprecation of her parents and to seeking for other, highly idealized objects, blocking the way to realistic relationships. Either a wholesale displacement of her dissatisfaction and disappointment took place, as in her relation to her husband, or complete idealization held sway. A difficult analytic problem was created by a cast-iron transference resistance in which the idealization of the analyst reached extraordinary heights. It not only defended the object against her hatred, as Balint qualifies idealization, but had a much more pathological function. It served to deny that the analyst might have the faintest possible similarity in any respect to her parents and, on one occasion, when this defence was threatened seriously, she reacted with an intense but transitory depersonalization.

One dramatic feature of her numerous anxieties was a pathological fear of death which was bound up with her sleep phobia. This latter, once established, is well known to lead easily to insomnia and claustrophobia by equating foetal existence, sleep and death. The equation between death and intercourse was illustrated by a variety of dreams in which she, as a little girl, is followed by a man who wants to murder her. In utter despair she lifts her skirts, showing herself naked, preferring rape to murder. The background to her primal phantasies was that, until her sister's birth, she slept in a room adjacent to her parents. She understood what was going on in terms of execution, retaining all her life both the typical symptoms of hyperacusis and the fear of being taken away by mistake for execution. Her childhood reaction had been to feign death by a rigid stillness. From childhood up to the third year of analysis, she tried by various methods to avoid deep sleep, including copious water drinking so as to be roused by the need to urinate. This was for some time acted out by drinking glasses of water before her sessions, in order to interrupt them by urination. Drinking was shown in many dreams to be a matter of life and death. She also developed a complexive hypersensitivity to words which contained even a far-fetched allusion to death. The word 'gründlich' (deep or thorough) had to be avoided because it contained the syllable 'grund' (ground). She could argue cogently that a dreamless sleep might end in death and the antidotes were vigilance and the constant production of dreams. She could not remember a dreamless sleep and the blank dream screen denoting the empty flattened-out breast after sucking, as first mentioned by Isakower and later by Lewin, seemed never to have occurred. Sleep inversion was, of course, also developed under these conditions, forced sedatives only redoubling her efforts and, as she could keep awake under morphia, even when semi-stuporous, she presumed this was the safest and most agreeable way to keep alive. Apart from morphia, to her all medicines were poisonous.

Her dreams, like those of children, abounded in both symbolism and day elements, which latter, besides other determinants, helped to reduce the difference between sleep and waking, dream-life and reality. Well over a thousand dreams were recorded during her analysis, the average nocturnal production being three. They occurred either in dream-pairs or showing a threefold dialectic of frustration, longing with very near gratification, and finally, utter frustration. Such dreams are similar to those described by Victor Tausk in his paper, 'The Alcoholic Occupational Delirium', representing the incapacity for orgasm, and the traumatic frustrations in the life of the dreamer, but nevertheless attempting a belated but traumatophilic mastery.

Her dreams entailed the oceanic longing for sheltered existence and oral satiation, but were reproduced only on the basis of Tantalus situations from which she fell into the abyss of frustration. A recurring item in these dreams was the sea, in German 'das Meer'. In innumerable versions she tries to reach the sea but mountains, barricades, or icebergs make her efforts vain. Sometimes the sea is in sight, but the nearer she approaches, the further it recedes and her heartbroken nostalgia is almost indescribable. One day, when she understood that 'das Meer' also represented 'la Mère' (the mother), she burst into tears. Such situations occurred in the transference dreams, too, where she stands in front of my door, waiting in torment for admittance. Very often the doorbell is missing and she gropes desperately for it.

At this point I wish to cite an interesting daydream which recurred in varying versions over a period of years. The hero is a young man who, because of a slight but incurable leg injury, can never leave the house, which is run by the patient and her motherly, beloved partner. The house itself is a splendidly equipped maternity home in which continuous childbirth takes place smoothly. In this paradise no baby cries, feels hungry, or dies, and the three people live in complete harmony. This idealized trinity represented mother and daughter united with the borrowed male genital, formerly father's and later her son's. This daydream was understood when a repressed memory was recovered via a dream. In this dream, a little girl wanting genital stimulation, lifts her skirts to a man; but either she or the man rolls back as in a wheel-chair and she is left frustrated. The wheel-chair is a historical dream element connected also with the previously men-

tioned daydream. When she was three, her father injured his leg and, being confined to the house, propelled himself around in a wheel-chair in which he also stimulated himself, using the child's hand.

Her attitude to her father was reflected in her feelings for her husband. Until treatment, his Parsifal-like loyalty remained quite unnoticed by her and she lived in the virtually delusional belief that he was a cruel black-marketeer who married her for convenience. The displacement of her contempt from father to husband was exemplified by transferring to him unjustifiably the saying, ' Give him a finger and he grabs the hand '. Also, in her dreams, she has full control, including castration, over the body of her son, the penis being represented by a top or an opera-hat. Another aspect of her relation to her son was shown in her first reaction to his birth. She remembered clearly her thought on this occasion, ' Now I have a penis and it's mine.' On a particular occasion she dreamt that a minor leg operation was to be performed on her son. It was to consist of cutting away the cuticle, which she also called foreskin, on a toe-nail. In agony, she implores the surgeon not to cut more than is really necessary, since she cannot go on living if her son is maimed. This dream was provoked by the fact that her son wished to introduce a girl to his mother, hoping for her approval. What happened was most instructive. The patient rose to welcome the girl on meeting and literally made a *faux pas*, breaking her toe and having to be driven home immediately by her son. Here, a complete, or as James Strachey would say, mutative interpretation could be given which enabled her to recognize the narcissistic and possessive relationship to what she called her madly-beloved son. The aim of her penis-envy was, as has been said, the mother. The ultimate aim of the libido was complete unity with the mother, which is a narcissistic and not an object investment. In the previously-mentioned maternity-home daydream, the continuous childbirth represented her wish for immortality.

Much has been said of her longing for her mother, and it is time to turn to the other side of the picture. Her pronunciation of the word ' mountain ' in a series of dreams was in striking contrast to her usual North German accent. To our surprise, the South German version was found to coincide with the name of her mother. Some of the violent devouring elements of these dreams will be found also in her claustrophobia. In one dream, her former headmaster, whose name was the exact combination of her parents' names, has to have intercourse with every girl in the school. Alternatively, he can eat them up, as the lions did the early Christians. In another, she has to eat a mountain of baked beans or semolina from a woman's vagina, but the smell of semolina, meaning semen, nauseates her. Associations pointed to ideas of oral intercourse, to birth phantasies, and the wish to intrude into the mother by eating her way in. In the transference, too, she tried to obtain inside information about me from various sources, including workmen in my house. These dreams illustrate also the interplay between the active and passive wish and the fear of eating, or being eaten by, the mother which is the fixation point of paranoia in women, as Freud and Melanie Klein pointed out.

Just as she claimed ability to smell whether food, even in the refrigerator, was to-day's or yesterday's, so she also conjectured sexual intercourse from the smell of a woman's breath and for this reason often changed otherwise satisfactory hairdressers. This olfactory hypersensitiveness was used both in life and in analysis as a sensorial tool in the service of paranoid suspicion. Freud mentioned this in one of his case histories, while Ferenczi, Jones, Imre Herman, and Helene Deutsch made relevant contributions. Although, in her case, the classical finding that faeces are the original persecutors was easy to confirm, there was also full evidence that her paranoid fears had strong oral determinants, in origin probably the smell of the bad and unwholesome milk. Actually she had had only one true attack of paranoid projection when, at the age of fifteen, after an appendix operation, she wrote a desperate letter to her father, begging him to return, since her mother was trying to poison her with medicines. Her father at this time wanted to divorce his wife for another woman who was also adored by the patient. He returned and reassured the patient about her mother but wanted to use the letter in evidence. She, however, protested strongly and never again parted with any documents until, one day in her analysis, she presented me with the maternity-home daydream, written out in full, calling attention to her trust in me. Her own bad conscience at wishing her father to marry this other woman whom she desired had, of course, led to her paranoid distrust of her mother and so to the fear of being poisoned. This gift to me was the acknowledgement of her understanding.

In her fifth year she had a desperately anxious period during her mother's pregnancy. Analytic reconstruction revealed this phase as the crystallization of her claustrophobia. Her former feeding disturbances revived in full strength and, for a while, her life was again endangered by neither eating nor sleeping. Her oral wishes and anxieties were localized in the growing abdomen of her mother. She screamed convulsively at a children's play where the witch's big tummy proved to her that Gretel, who was actually running about the stage, had been eaten up. In the analysis, dreams and phantasies illustrated her ideas of oral impregnation which explained her hysterical nausea, other eating difficulties and phobias. Both versions of how the foetus enters the mother's body were represented, the one being swallowed or eaten by the mother, the other the baby eating its way in. It is clear how her claustrophobia is connected with these

phantasies, which also illustrated the specific quality of this anxiety in claustrophobia, to which Melanie Klein and Lewin have drawn particular attention.

It should be mentioned here that, in the first year of her life, apart from the wet-nurse, the father was the only person who could deal with the baby, feeding, bathing, and silencing her miraculously by stroking and fondling her body and, likely enough, her genitals. Thus the rôle of the first as well as the second seducer was played by the father, surely a fact of significance. Thus also a narcissistic hypochondriacal body-ego was prematurely forced to develop. The rubbing stimulated her skin erotism and fostered the later body-phallus phantasy, in which she copulates with her mother by identifying her own whole body with the father's genital. Lewin stressed the importance of skin erotism for the formation of this phantasy in claustrophobia. Conversation with a newsagent about the delivery of her twelve German weekly newspapers, another manifestation of her addictive search for inside information, evoked the following dream. She finds herself in a round newspaper kiosk which turns first into a child's cot with iron railings, and then into a narrower cage containing an upright piano on which she is expected to improvise *The Merry Widow* and *Die Fledermaus*. She is unable to move, there is no exit, and the narrowness is suffocating. Attempting to suck her way out, she is hindered by suffocation and her mouth seems full. Ignoring the various genital items and the implications of *The Merry Widow* and *Die Fledermaus*, and just dealing with the features of immobility, suffocation, and the full mouth, I would like to mention that Willi Hoffer, in his article on ' Mouth, Hand and Ego Integration ', noted that, in the life of the neonate, the use of the hands as organs of prehension does not start before the end of the third month. Previous to that something is stuck into its mouth. This intimates the oral origin of this patient's fears of suffocation, of being poisoned, of dying, and of sleep. In these anxieties, a number of convergent factors from all later strata were fused and the deferred elaboration of cumulative impressions was integrated into the claustrophobia.

After a long period of steady improvement in her physical and mental state, a sudden deterioration set in, accompanied by an increase of claustrophobia. This year, the fifth of her analysis, was emotionally a repetition of the fifth year of her life. The exacerbating factor was a gynaecological operation, the extent of which was beforehand in doubt but which, in the event, had to be hysterectomy. The final realization of her inability to bear more children, although already excluded entirely in reality by other factors, aroused in her the former emotional upset, as when her father disappointed her. Her blood pressure rose with her oedipal anxieties. It is common knowledge that excessive anxiety, together with the accompanying inhibition of aggressive impulses and the ensuing tension, constitute the dominant psychological factors in essential hypertension. The clinical picture was alarming.

Many analysts agree that in the treatment of borderline cases, severely traumatized at all stages, some modifications, without impairing the neutral reserve of the analyst, are found to be necessary. Their panic-stricken anxiety, deriving in part from lack of parental support, must come to a first abatement. Unless they can rely on the analyst in the rôle of ' the ordinary, devoted mother ', they behave like traumatized pre-oedipal infants and their anxiety excess does not permit them to gain insight. Their surplus of narcissism calls for postponement in dealing with the negative transference, and as many total interpretations as possible should be given, fusing present-day, childhood, and transference material. Greenacre suggests that the larger outlines of behaviour tendency should never be omitted as a framework for interpretation of the final details. She agrees, also, with providing some extra-analytic security in such cases if necessity arises. In the present case, the taboo on intervention had already been broken on two former occasions. Messages had been received from her specialist that, unless she could be enabled to lose weight and to sleep, she has no chance to survive. First, I had decided to work out with her what proved to be a very successful diet. She had responded by presenting me with a loaf of special bread and analytic material by quoting a poem, ' Als das Brot gebacken war, lag das Kind auf der Totenbahr ', which means ' By the time the bread was baked, the child was dead '. Secondly, since she could not accept any sedatives from medical attendants, I had given her some pills, a compound of hops and valerian, which she had been able to use. Being questioned, I had had to admit that I also took them, and to this she replied with a sentence, verbatim, from Alice Balint: ' What is good for the mother, is good for the child.'

During the final alarming phase of increased claustrophobic symptoms, although much insight was gained from interpretation, the primary anxiety could not be allayed. In what were to prove unfortunately the last few weeks of her life, her specialist considered it vital for her to take a new brand of hypotensive tablets. Against these she struggled with all her might, stating that her claustrophobia increased to a rigid panic after one attempt to swallow and she felt drugged. Her anxiety became so intolerable that

it prevented her even from reading, which, as a major interest, expanded during analysis, had functioned as a benign addiction, a canalization of her former noxious one. This situation jeopardized the only respite from her anxieties and made a catastrophe imminent. I then offered to go to the specialist to discuss her medication. Unfortunately there proved to be no time to act on this offer. That very afternoon she had a fatal cerebral haemorrhage. Thus the claustrophobia, which related to her deepest point of regression and to her paranoid and oral fears of annihilation, ironically enough, also precipitated her death.

The clinical data of the case suggest a few hypotheses, more in the nature of queries than of statements. The first concerns the symptomatology; the second the strategy of treatment; and the third, the function of her addiction.

It was evident from the beginning that she suffered from those disorders which entail a close connection between anxiety development and symptom formation. Thus she showed the complex picture of anxiety neurosis, conversion and anxiety hysteria, insomnia, addiction and psychomatic disorders such as hypertension and cardio-respiratory symptoms. The original prolonged painful stimuli which, in infancy, had invaded her body and organs induced a narcissistically hypercathected body image with hypochondriacal properties which remained the representative sample of her ego. The original traumata and their somatic discharge left an increased tendency for the use of this channel, the psycho-physical substratum of her make-up, draining subsequent conflicts into bodily symptoms. This accounts for the extensive lay-out of her symptoms, every one of which is a compound of all the aetiological factors in her mental disturbance. Symptoms which can, with other patients, be special entities, are, in her, interdependent symptom complexes aiding and abetting one another. They suggest a syndrome-like formation under the impact of excessive traumatic primary anxiety, reinforced by the traumata of all later stages and built on a constitutional insufficiency of the protective barrier; anxiety-readiness and low-tension toleration being most marked in former generations of her family.

In spite of the vast lay-out of her symptomatology, a surplus of anxiety was left unbound. The binding of this surplus was the function of the addiction, to which, failing other mastery, the weak ego left the canalization of unbearable tension. Under increased tension somatic disturbance ensued, and this, in turn, caused further increase of tension; a vicious circle arrested temporarily by the drug. Taking this into account, addiction appears in a constructive aspect. Without it, the alternative for the patient would have been psychosis. The *quieta non movere* principle was based, therefore, on trying to keep the patient on the level of alimentary orgasm and to prevent a deeper regression. In the strategy of treatment, which was, I hasten to say, not preconceived but rather imposed by the nature and possibilities of the case, the therapeutic aim was the conservation of addiction. This absurd-sounding aim might seem less bizarre if re-stated as an attempt to break down the noxious addiction into harmless equivalents.

Of the patient's non-pharmacological addictions, time only allows me to cite one example. She was in the habit of devouring several books a day and read with what one could call an 'emphatic index'. She swallowed what was good or relevant for her unconscious purpose, not taking in what was not or ejecting it, like a first expulsion from the ego, as described in the paper on 'Negation'. She also distorted issues in her reading, according to unconscious wishes and memories; or she involuntarily synchronized different readings to a wishful pattern. She produced, for example, in good faith, the idea that Cordelia had replied, to Lear's famous question, that she loved him as much as salt. Being banished, she returned in the guise of a kitchen-maid and served his food regularly without salt, until he spat it out and called her to judgement. He was then forced to acknowledge her and his mistake. These and other similar products of her reading addiction show such mechanisms as occur in dreams and were analysed accordingly. James Strachey's findings on reading addiction could be fully verified.

In such cases as this, primary anxiety of long duration and intensity can be lessened but not reliably deleted. This certainly limits the scope of treatment unless channels of sublimation can be found. That they could not be satisfactorily developed in this case leads to the intriguing problem of why some male addicts, in contrast to female addicts, show remarkable sublimations. In the present case, in spite of achievements of non-pharmacological addictions, the adhesiveness and inflexibility of the patient's libidinal

attachment to the mother did not allow of truly desexualized activities. The expansion during analysis of these harmless addictions compared with the alternative of a relapse into morphinism was regarded as a therapeutic gain, and their stabilization, as has been indicated, was a major aim, failing, of course, the possibility of true sublimation which would have been the ideal and might have been reached had she lived.

The cycle of hunger and satiation leaves indelible imprints on the melancholiac too, but—taking the wide constitutional variety in the endowment of sadism as axiomatic—his stronger sadistic charges induce a sadistic superego which has to be overthrown by mania to bring about a fusion with the ego. Compared with mania, the elation of the addict is at a low ebb. The decisive fixation point of manic depression is the second oral phase, whereas that of addiction seems to be the first. Although the first oral phase is considered, according to Edward Glover's and Paula Heimann's corrections, ambivalent and not pre-ambivalent as Abraham thought, the sadistic charges are considered weaker than those of the second; also there is no strong superego to be overthrown and the pressure is more that of anxiety than that of aggression. Although the guilt systems in this case do not seem strong, the superego was not lacking. The patient was not, like some other addicts, a delinquent who steals the drug; rather she produced symptoms in order to obtain it. However, good introjects were poor and the superego was not based on reliable identifications.

The building up of an autonomous, in place of her heteronomous, superego was another aim of therapy, as was also an increase of ego strength to the level of signal anxiety and toleration of depression. They were to some extent achieved.

An article by Therese Benedek assisted in drawing a line of demarcation between the patient's ideas about the poisonous qualities of medicines and true paranoid projection. With this patient it was the drug that was noxious, not people who poisoned her. There is no delusional perception of an altered environment; only a hypochondriacal ego-change. Although the regression goes back to the first oral phase and could be considered paranoid, the affects are bound within the mental structure and not projected on to the external world.

It is customary to classify addiction under one of the three dominant aspects according to whether the paranoid, the depressive, or the homosexual factor plays the leading rôle. A close examination of the case under discussion does not invite its subsumption under only one of these three aspects, since they appear combined, integrating in almost equal proportions, thus strongly suggesting a centre of aetiological convergence. The historical basis in this case for the combination of these three aspects is considered to lie in the tri-phasic basic experience of the patient's earliest life, with the two periods of excessive frustration and the intervening period of intense gratification by the wet-nurse. These three phases became decisive points of fixation. The first was a paranoid projective with indelible marks of primary anxiety. The second, called by Rado alimentary orgasm, was introjective. The third entailed an oceanic longing for the previous alimentary stage and produced the phantasies in which gratification was unobtainable; this is thought to be the fixation point for her homosexuality.

Finally, a hypothesis suggested by the case is that in female homosexuality distinction should, perhaps, be made between one variety which appears *sui generis*, and another which is an integral part of the addiction syndrome. In this case, which I have reason to believe is not unique, the pregenital antecedents of the Oedipus situation have a relatively stronger determining effect.

Both the particular and the general validity of these conclusions can, of course, be verified only by the analysis of other similar cases.

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EMERGENCE OF SLEEP DURING PSYCHO-ANALYSIS. A CLINICAL NOTE

By ALAN PARKIN, London

This is a report of two consecutive hours from the early part of the second year of the analysis of a 36-year-old physician.

His main symptom is his belief that various people infect him by throwing or squirting gonorrheal pus over him and sometimes by spitting or urinating upon him. During such periods of infection, which sometimes occur several times a day, he shuts himself away and for hours attempts to disinfect himself by desperate and frantic methods which are always accompanied by an overwhelming sense of guilt. In the interim periods he is rarely free of the fear of being infected by others, and his thoughts are concerned almost constantly with ways in which he can detect his potential enemies and forestall their attack. In spite of these severe handicaps, he is able to discharge his responsibilities as a husband, father, and busy G.P. He is rarely early in arriving for his analytic hours, partly to avoid remaining in the potentially dangerous waiting room, and if he finds the consulting room to be empty, he often waits there.

At the beginning of the first of these two hours I approached the consulting room and observing it to be empty through the half-open door, I went to the waiting room. Not finding him there, I returned to the consulting room and saw him through the doorway waiting there for me. After reclining upon the couch he spoke at some length of his dissatisfaction with his ability to associate freely. He had resolved that that day, being not only the first day of the week, but also the first day of the month, he would make a determined effort to give his associations in the way he believed was expected of him, namely by reporting words or phrases while in a state of reverie. As he talked he seemed to drowse and after a brief pause said 'I didn't know you were coming.' After a longer pause, during which he seemed to continue to drowse, I replied, 'I didn't know you were here.' Immediately he became attentive and said he had visualized a pregnant patient of his who had made an unexpected professional call upon him. He then considered the remark I had made and said that on his arrival he had observed at the foot of the couch a blanket which he had been accustomed to see upon a nearby chair. He had been on the point of removing it when he was struck by the belief that it was dangerously infected, and in his sudden indecision felt that his overcoat, which he had just hung up behind the door, was also infected. The latter feeling, being the more imperative, dispelled the former, and he had quickly placed the blanket upon the chair in his hurry to turn his attention to the overcoat. While frantically rubbing at the latter he had heard me approach the consulting room unexpectedly, and then disappear. Knowing that I would return in a moment and not wanting to be discovered in an act which was for him accompanied by such guilt, he quickly stepped from behind the door to wait for my return. His feeling of guilt about these events which had prevented him from mentioning them at the beginning of the hour was verbalized, and he related it to the feeling which followed masturbation.

I began my interpretation by drawing his attention to the fact that his feeling of the blanket being infected had been dispelled without any disinfecting activity on his part. He instantly expressed his appreciation of the significance of this, for during the immediately preceding analytic hours he had been concerned with the possibility whether in fact infections actually existed and could be removed by some means other than the external measures adopted by himself. His feeling of guilt changed to one of great pleasure and he listened attentively as I continued the interpretation by pointing out that the feeling of being infected himself (he always felt his overcoat to be very much a part

of his body ego) must have followed some thought he had had about which he had felt very guilty and which had later caused him to equate my unexpected arrival with that of a pregnant patient. After I had finished I immediately heard a sudden snore, and it was obvious that he was deeply asleep. As the hour was drawing to a close I woke him after five minutes by making a banging noise with my foot. He realized he had been asleep, but thought it had been for only a few seconds, adding, ' If anyone told me it was as long as five minutes, I'd say he was crazy. It was the sound of the men hammering which awoke me.' He confirmed my impression of his having fallen asleep almost instantaneously by repeating the final part of my interpretation. He had been greatly interested in it, had experienced an intense feeling of relief, had felt that my words were ' fortifying and full of meaning ', and had slept a sleep of ' satisfaction '. The hour ended on this note.

He began the following hour by saying that he felt the pillow on the couch to be infected and that this was due to my possibly having used it to cover the genitals of a female patient during physical examination. He was considerably agitated, kept his head and shoulders raised from the pillow, spoke of his desire to examine it and reassure himself and of his reluctance to do so in my presence. Finally he withdrew the pillow from beneath his head and, after carefully examining both sides of it, replaced it, saying he had discovered no evidence of any infection. He went on to speak dejectedly of how he felt his feelings of being infected were becoming worse, by which he meant that he was becoming more aware of how little determined they were by external reality. His reversed awareness of internal change as an external change reminded me of an association to a dream he had had three months previously. On that occasion he had compared the vivid impression of movement in the dream to the reversed impression of movement one gets when sitting in a stationary train watching an arriving train on the next line. When I reminded him of this previous association, he remained silent for a moment and then replied that it was similar to the split second of indecision he had experienced about whether he was in danger of infecting the pillow or the pillow was in danger of infecting him, following his sexual thoughts about my previous female patient. After expressing these feelings he paused momentarily and suddenly began to breathe in a stertorous manner. He awakened spontaneously three minutes later, realized he had been asleep, and recounted his last thoughts before falling asleep. He had been reminded, as I had, of his earlier dream, which had occurred on the night before his wife gave birth to their second child. He had dreamed that he had approached the breast of his sister-in-law (who had just given birth to twins) and had later corrected his recollection of movement in the dream following the aforementioned association, thus: ' I was quite still and she was offering me her breast.' This theme had somehow been continued vaguely into his sleep and he now recalled his hypnagogic hallucination during the previous hour of being approached by a pregnant patient with whom I was identified. He added that his interest had centred upon her enlarged breasts.

Comments

The overdetermination of the act of falling asleep is illustrated in these two psychoanalytic hours. The first contribution to the act is from the wish of the ego to produce free associations while in a state of reverie. '. . . the ego's contribution to the *sleep dream* may also be the wish to dream rather than to hallucinate. (Scott, 1950).

The contribution of the ego is reinforced by contributions from several different ' levels ' of the id, all of which strongly express the passivity against which this patient struggles so desperately. From the phallic level comes the wish to place in abeyance during sleep all the means he possesses for doing battle with the overwhelming environment. The fear of this passivity is constantly expressed in his major anxiety, the fear of being overwhelmed by situations of infection, but when, on two occasions, interpretations led to his recognition that the active role in the precipitation of such situations was played by himself, he was able to abandon himself almost instantly and securely to a state of sleep. This was partly in response to reassurance which he felt to be implicit in the interpretation (there was no danger of phallic activity from others, including the analyst) and partly a denial of his activity.

From the anal level comes the wish to submit passively to impregnation. His horror at the beginning of each of these sessions at being in contact with the dreaded semen (for infectious pus was symbolic of this), was expressed later

in the hour by dreams and reminiscences in which he partially identified himself with a pregnant woman. In his states of sleepiness and sleep these passivity wishes appeared in a less distorted fashion. The pregnant patient who appeared in the hypnagogic hallucination was doubly identified with both himself and the analyst, while the remembered dream of his pregnant sister-in-law recalled the *couvade* symptoms he had experienced during the parturition of his wife.

From the oral level comes the wish to be fed by the breast and to sleep the sleep of ' satisfaction '. In spite of his desire actively to provide the analyst with good associations, he passively perceived the interpretation of the latter as ' fortifying ' and as oral satisfactions. His last waking thoughts of the lactating breast and their continuation vaguely into his sleep may be added to the observations of Lewin concerning the dream screen and the blank dream (1946, 1948).

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VACATIONS: A PSYCHO-ANALYTIC STUDY

By ALEXANDER GRINSTEIN, M.D., DETROIT

The willingness with which multitudes of people spend huge sums of money annually for vacations amply attests their necessity in our Western civilization. It is the purpose of this essay to study some of the psychological factors involved in vacations from a psycho-analytic standpoint.

We would like to know, in the first place, why vacations are really necessary; secondly, what happens in the mental apparatus during the process of taking a vacation, in other words, what are the psychodynamics of a vacation; and thirdly, what constitutes a 'good' vacation.

The first of these questions is perhaps the easiest to answer, at least partially. The need for vacations is an expression of a very basic tendency which we may observe in the general cyclic character of the individual's life, as well as in the cyclic character of all living matter. This is expressed primarily in the necessity for rest, the daily requirement for a certain number of hours of sleep, varying with individuals, as well as the periodic succession of the ebb and flow of bodily energies and rhythms. This is certainly borne out by the fact that many people use their vacations to 'catch up on their sleep'. One may also observe the existence of fluctuations in psychic reactions manifested in the relation of the individual to his various love objects.

Viewed from the broader framework of the individual's day-to-day existence, we find that in all cultures there exist holidays, feasts, and celebrations throughout the calendar year, which are set up to commemorate certain events in the seasons or in the history of the particular culture. In many religions, for example, one day of the week (the Sabbath day) is set aside as a holy day, on which one is commanded to rest (1), as God rested on the seventh day from his labours of creation.

There is a difficulty here, however. If a vacation is to serve the function of relaxation or rest, then one might think off-hand that the activity which is the most relaxing and leads to greatest *rest* would provide the most satisfactory type of vacation. But this is often not so, since frequently it is just the other way around. With many individuals what purports to be a day of rest is no day of *rest* at all, but rather a diversion of activity. Often enough, it means not working at one's regular occupation but at something else, either related to one's ordinary activity or completely different from it. And yet, in spite of the fact that these people may work as hard, or even harder, on their 'day off' or vacation, many (not all, of course) feel rested and resume their regular work with renewed energy. In fact, with some of these people, a vacation which involves the most activity is the one which is most satisfying. Observation in some resorts where people are kept busy during the day and continue with various activities far into the night further confirms this fact. Actually then, this is a psychological problem, one which is well known among industrial psychologists, but which has not, to my knowledge, been explored analytically.

We may surmise that what is important here is the relaxation from cultural demands, and it is from such demands that people try 'to get away' when they want to take a vacation. In reality, it is but one attempt made to deal with the suffering to which mankind is heir. Freud mentions this as coming from essentially three sources: 'From our own body, which is destined to decay and dissolution, and cannot even dispense with anxiety and pain as danger signals; from the outer world, which can rage against us with the most powerful and pitiless forces of destruction; and finally, from our relations with other men' (2). In holidays or vacations, man seeks temporary surcease from the pain and hardships which life entails, the means which are available to him being: 'Powerful diversions of interest, which lead us to care little about our misery; substitutive gratifications, which lessen it; and intoxicating substances which make us insensitive to it' (2, p. 25). It is readily apparent from this how holidays and vacations seek to provide some of

the means of solution to the various sources of man's difficulties.

We are now confronted with the second, and really the major problem; namely, what happens in the mental apparatus in terms of distribution of intrapsychic forces during the process of taking a vacation?

One factor which immediately comes to mind as being of paramount importance in vacations is that they are gratifying to the *pleasure principle*. What seems to be a dominant desire is to seek an activity which will bring some relief to the underlying human suffering. With reference to the first of these, the suffering which comes from ' our body, which is destined to decay and dissolution ', we find that many people are ready to admit that they take vacations for reasons of health. In fact, this reason is one which is seldom questioned by others (in contrast to one for pure pleasure) and one upon which many advertisements capitalize. Because of this connection, many health resorts are able to flourish, and locales specializing in springs with reputed health-giving and life-extending properties are well attended. This is particularly true of those people who for various reasons due to health and age are especially concerned with the reality of decay or dissolution of their bodies. One example of this is Bad Gastein, where people go because of the radioactive content in the water which is alleged to have magical rejuvenating properties.

The suffering which derives from anxiety depends, of course, upon its source. Some vacations may be undertaken in an effort to do away with the condition responsible for this unpleasant emotion. We will discuss the problems, especially that dealing with neurotic reactions, later. Anxiety, of course, may be a response to some intolerable reality danger, and this is intimately connected with the sources of suffering which beset man from the outer world. In this connection, vacations may effect a change in the situation so that either the demands of the external world are temporarily reduced or the situation is so altered that the possibilities of dealing actively with some segment of reality are increased. This serves to enhance the feeling of mastery over reality, either directly or symbolically. The suffering which comes from our fellow-man is also actually a kind of outside reality. In dealing with the problems deriving from this, vacations may serve to withdraw the individual from those people who are the sources of his conflicts and bring him into contact with others who, because of the general vacation framework, are more congenial and less demanding.

In general, it may be said that a vacation is a period of time when people try to be happy and make an all-out effort to have lots of fun. In this connection, Freud's remarks concerning happiness are particularly important. He writes: ' What is called happiness in its narrowest sense comes from the satisfaction—most often instantaneous—of pent-up needs which have reached great intensity, and by its very nature can only be a transitory experience. When any condition desired by the pleasure principle is protracted, it results in a feeling only of mild comfort; we are so constituted that we can only intensely enjoy contrasts, much less intensely states in themselves. Goethe even warns us that " nothing is so hard to bear as a train of happy days ". This may be an exaggeration all the same ' (2, p. 28).

One may see from this that, in view of the importance of contrast in the enjoyment of vacations, a vacation must, out of psychological necessity (as well as from a strictly reality standpoint), be a finite affair. By definition, in fact, it means a time of respite from something, so that presumably a vacation could go on only for a limited period of time before it would become a change in one's way of life.

Let us further pursue our investigation of the rôle of the pleasure principle in vacations. Usually, a vacation is a period of time when one does not have to work for a living (e.g. ' two weeks' pay '), when reality demands and restrictions are reduced to a minimum (e.g. resorts where meals are served), and when the individual openly devotes the period to the pursuit of pleasure in whatever form he most desires. Viewed from this standpoint, one may expect to find that many of the activities seek to provide opportunities for instinctual gratifications, which obviously derive from all layers of libidinal development. Quite often the satisfaction of oral strivings is, for example, freely indulged in. Many resorts are chosen for their cuisine, and in resort areas restaurants frequently vie with one another for their ability to prepare the most sumptuous meals.

Derivatives of anal gratifications may also be seen. For example, there are people who go to certain health resorts where a deliberate emphasis is placed upon bowel functions. One notable illustration of this is Karlsbad, where people drink quantities of mineral water, resulting in an

increased frequency of bowel movements during their stay. Often less attention is placed on cleanliness, and many women complain about their husbands not shaving on their days off. With those people who go off into the wilderness, some loosening of reaction formations of the anal phase is particularly facilitated to some extent inasmuch as eliminative processes take place under the most primitive of conditions.

In another sphere, namely the genital one, there again exists greater freedom, so that summer romances, flirtations, and infatuations are quite common. In general, sexual relations are described as being more frequent and often more pleasurable owing to greater relaxation. Men, for example, feel that they can devote themselves more ' fully ' to the matter of lovemaking when they are not occupied with business affairs. Actually, this is a problem in libido economics, and indicates how much of such energy is tied up with the ordinary day-to-day activity.

It is interesting to examine some of the common vacation activities in terms of more symbolic id gratifications. We will deliberately omit any remarks on art, as this has been so completely covered by other writings on the subject (3). Many of the pleasures in which people engage are a direct continuation of their childhood play, which serve to relive memory traces of earliest satisfactions. One good example of this is the tremendous pleasure which most people derive from swimming. Its symbolic significance of rebirth (psychically experienced as ' feeling refreshed ') and the return to the intra-uterine state (water) needs virtually no comment. The whole host of accessory activities surrounding this sport are further confirmation of this significance. Lying on the warm sand, being buried in the sand, being practically in the nude are all examples of pleasures which in themselves represent manifestations of partial regression (4). It is interesting to note in this connection that some adults still urinate in the water while they swim, just as they did when they were children.

This gratification of id impulses in a symbolic manner may be seen from another standpoint. Ferenczi wrote: ' The longing of mankind for holidays is as great as for bread. *Panem et circenses.* Freud demonstrates in *Totem and Taboo* why it was that the totem clan felt the impulse on certain occasions to tear to pieces the otherwise worshipped totem animal. And the Bacchanalia and the Saturnalia have their analogies among all people, including contemporary ones; even Church holidays, and the Purim of the Jews, have affiliations therewith. We may suppose that certain slight residuals of this atavistic striving for " liberation " are also involved in the weekly recurring holiday which Sunday represents, and, in those emotionally sensitized, play a causative rôle in " Sunday Neuroses " ' (5).

The permitted expression of certain aggressive or sadistic tendencies, albeit in a very highly canalized direction, may also be easily observed in hunting and even fishing. The recognition of the periodic hunting expeditions in the autumn, especially the hunting of the buck, with the significance of ritual father murder, is well known in analytic circles. Similar significance may be observed among fishermen. In all this activity, however, it is generally necessary to purchase a *licence* from the State. Aside from the economic fact that obtaining a licence is a source of revenue for the State, it has the psychological effect that one must sacrifice something, i.e. money, to get *permission* to express certain aggressive tendencies under definite rules.

This theme of permission is very important in the entire psychology of vacations, because in this the rôle of the superego clearly shows itself. Vacations are sought after by the worker (regardless of his occupation) but are *granted* by the employer, who takes over the original parental rôle of designating the *time* and frequently the length of time which the employee can have off. Psychologically, this has the equivalent meaning of granting the employee a stamp of approval for him to indulge his pleasure principle. A rapid survey of vacation facilities will readily convince anyone of a more permissive attitude toward activities that under ordinary circumstance would be frowned upon, so that all manner of pleasureful activities may be indulged in and various derivatives of the id satisfied.

From a clinical point of view, it is remarkable, although entirely to be expected, that those patients whose superegos are excessive in their demands have the most difficult time in taking a vacation. Generally, in fact, because of the inexorable demands of their superegos, these people seldom take vacations because they cannot permit themselves the pleasure of relaxation.[1] They find that they have to drive them-

[1] This problem may become particularly evident in those individuals who are self-employed.

selves, even on vacations, so that they are busily engaged in doing some kind of work, because not to work and to dare to have pleasure are dangerous. Ferenczi observed this when he wrote: ' But it is not given to everyone to vent their holiday wantonness so freely and naturally. The neurotically disposed will be inclined on precisely such occasions to a reversal of affect, either because he has much too dangerous impulses to control which he must guard over closely, particularly when tempted by the bad example of others; or because his hypersensitive conscience will not overlook even little omissions. Beyond the untimely depression of these " spoil-sports ", however, their repressed impulses as well as the self-punishment fantasies mobilized against them, which have been activated by the holiday, may be manifested in little hysterical symptoms (headaches, depression, gastro-intestinal symptoms, oversleeping). . . .

' An indication of the correctness of this conception is afforded by the fact that, in addition to the periodic but quite transitory " Sunday Neurosis ", there also occurs a more protracted " vacation neurosis ". Over and above the minor hysterical symptoms already mentioned, we find here a peculiar and characteristic alteration of mood. I refer to a certain tense boredom which those afflicted with it are unable to dispel by any means of diversion, accompanied at the same time with an incapacity for work which is painful to them. " Laziness with qualms of conscience "—" A laziness which you can't enjoy "—these are expressions with which one patient attempted to characterize this state of feeling. Another spoke of a longing for something undefined, and recalled having as a child pestered his mother by the hour with the vague demand: " Mother, give me something." Whatever his mother gave him on such occasions left him unsatisfied; he kept on whining until he got a good scolding or spanking; only then was he satisfied. May not such ungratified wishes also lie concealed behind Sunday Neuroses . . . ? ' (4)

In my own clinical experience I had one patient, a man with a highly masochistic character, who spent a few weeks during his summer vacation near my summer home, where he continued his analytic treatment. He had very serious conflicts with his superego. Always driven as a child, and having a history of very severe traumata during his childhood and adolescence, he constantly sought various activities so that he would not be idle. It was after he had completed his academic training and left military service, which also served the function of pushing him around, that his adult neuroses broke out in full force, with ideas of unworthiness, suicidal preoccupation, obsessive thoughts of various kinds, including severe masochistic fantasies, etc. When he arrived for the first analytic hours of his vacation, he asked me if there wasn't some hard physical labour that he could do in the area, because the thought of being idle was actually very frightening to him. Inasmuch as no brutal assignments were forthcoming, he promptly undertook a motor trip, which covered a distance of almost 1,000 miles of difficult New England roads in a little over a day.

In another case, the connection between a woman's inability to take a vacation and her inexorably strong and rigid superego was demonstrated particularly clearly in her analysis. A married woman with children, she was never able to leave the city for a vacation, although this was entirely within the financial resources of her husband, as well as in accordance with his wishes. Many anxieties became apparent at such times, which centred chiefly on her being unable to leave her ' home town '. From the material in her analysis, we discovered how her rigid superego was built upon the underlying attachment to her very strict and terribly aggressive mother. It was her attachment to this mother which was a major factor in her inability to leave the city. The patient clung to her, albeit not in the same house, because she feared that in her absence some dire catastrophe would befall her mother, and then she would ' somehow feel responsible '. The mother, incidentally, was ' in the best of health '. It is interesting to note in this connection an incident of acting out that occurred early in the analysis which we were not able to understand until much later. She became very angry over some trifling matter which occurred in her own home one day, went into the basement where there stood an old sewing machine and hacked it to bits with a hammer. She herself was frightened by the intensity of her blinding fury. We were only able to learn many months later that the sewing machine represented her mother, who used to sew a great deal on a similar machine during the patient's childhood. The strength of her almost crushing superego could be understood as deriving from her own intense hostile and aggressively destructive impulses directed against her mother. She could not permit herself any relaxation as this would also

expose her to the dangers of her own aggressions. After this material in relation to her mother had been worked through, she was able to go away on a trip with her husband and children for the first time and to enjoy herself.

Returning to our general discussion of vacations, we come now to consider the complicated rôle of the ego and its relationship to the id and superego. Perhaps what makes this so complex is that in vacations one is dealing with an ego in which a state of partial regression into more primitive functioning is deliberately encouraged and facilitated. Let me explain. Ordinarily, the functioning or activity of the ego is largely under the domination of the reality principle. This we recognize is in itself a modified pleasure principle, which serves to interpose the function of some delay or procrastination before any ultimate activity is to take place. During vacations, however, this is deliberately set aside as much as possible, and the pleasure principle is given free rein for a limited amount of time. In some respects this is similar to the situation present in sleep. There the regression is facilitated by the physiological process of sleep, while the motility of the ego is reduced. In vacations this is certainly not so. There the situation is one in which the ego has made a tacit pact with the reality principle that it will be free for only so long and then return to its state of thraldom once more. And even here it is the reality principle that still normally exerts its demands in terms of practical considerations as to when, where, and how certain vacations are to be spent. It is well worth emphasizing, however, that where the impulses toward pleasureful gratification are of such a character or intensity that they may be opposed to the demands of the superego, the ego may elect to permit not the slightest gratification or relaxation whatsoever, as this would be tantamount to exposing the individual to the dangers of being completely inundated by these dreaded tendencies (5). It is often remarkable how frequently some neurotic anxiety will remain completely obscured so long as the individual remains in the protective home environment. No sooner does he move away from it, even temporarily, than all manner of anxieties emerge.

In the selection of a vacation, however, the compromise in favour of the pleasure principle but in terms of the reality principle results in many gradations of activity. There are those who withdraw from the demands of civilized reality as completely as possible, departing into the wilderness away from anyone and everyone. Here they are undisturbed by the news of the world, and are out of communication with the affairs of the more personal world in which they ordinarily move. At the other extreme are those individuals who seek the greatest possible contact with other people, deliberately selecting those resorts where the greatest opportunities of this sort are provided. The more usual selection is somewhere between the two extremes, with a tendency toward a compromise of a vacation permitting some degree of withdrawal from civilization, but within the framework of a close relationship with a limited number of people, generally family or friends.

If we examine such behaviour carefully and pay particular attention to the extremes, we would be inclined to suggest that one important aspect of the problem is that we are dealing here with the relations of man to his fellow-man. Let us explore this problem further by considering first the individual who, during vacations, withdraws from other people as much as possible. The explanation which may be suggested is that we are dealing with a regression to some early form of object relationship. This phenomenon of regression involves, of course, all possibilities of regression in choice of object-love. The determinant factors depend upon specific experiences as well as the quanta of libidinal cathexes which may be involved in a particular phase. Thus, vacations may be chosen in terms of providing groups with maximum heterosexual contact with great numbers of individuals. They can be and are selected along the lines of homosexual object choice, this being most often aim-inhibited. Here such activities as camping, hunting, fishing, etc., are commonly engaged in. A consideration of the reasons for selection of the type of group chosen for a vacation involves the fact that there is a tendency toward reducing the relationship with people to one which is as uncomplicated as possible. For example, since many individuals have marital problems based upon conflict with the opposite sex, going away with a group of the same sex temporarily eliminates such difficulties. There are others who for similar reasons endeavour to solve the problem by a flight into a larger group, which serves to ameliorate the tensions along the lines of the formula ' There is safety in numbers.' Interestingly enough, in many such large groups, men and women often tend to separate, each congregating with members of the same sex. However, one may frequently observe just the reverse, namely, that an inability to go away with people

of the same sex is representative of conflicts in precisely that direction. One sees, for example, in the dreams and material of male patients how much homosexual libido is stirred up during a hunting trip, how frequently anxieties may be seen to develop about sleeping with another man. It is not uncommon under such circumstances for men to get a girl. The heterosexual activity indulged thus frequently serves as a defence against the threat of homosexual involvement, but at the same time expresses the wish itself through the medium of the common bond.

Temporary elimination of one sex in preference to the other may constitute a solution of conflicts which may be predominantly sexual in nature as well as for those conflicts arising from the aggressive instinct. Efforts at a solution may be made by those individuals who seek to go off by themselves during vacations. Inasmuch as the relationship with our fellow-man is a source of man's suffering, a vacation which permits a withdrawal from the conflicts and frictions with others serves the function of reducing tension and thereby permitting pleasure. From another standpoint, such withdrawal represents a return to an earlier stage of the individual's development—i.e. to a narcissistic stage of ego development, before the advent of object-relations. This leads to difficulties, however, since such a stage occurred during that period in life when the individual's basic wants and needs were usually fulfilled, and with a minimum of activity on his part. In such vacations where this withdrawal from objects or solitude occurs, the individual's wants are gratified, but frequently under the stress of rather arduous activity on his part. Wherein then does the pleasure derive? We must suppose that there exists a strong desire, and one which is quite basic in the ego, to return to or recapture some of the freedom of primitive man and his way of living closer to nature. There occurs within individuals, with great variations, of course, a tendency to return to a stage of development before there were large groups with all their attendant taboos, restrictions, and interpersonal difficulties. It thus represents a return to a simpler type of civilization.

Ultimately, perhaps, the peace and solitude which is sought is really an expression of a fundamental principle of all living matter. In *Beyond the Pleasure Principle*, Freud suggested that instincts 'tend towards the restoration of an earlier state of things'. (6) Such a return affects all levels of the individual's social, psychic, and even biological attainments. From this standpoint the return to simpler groups as they occurred at one time becomes understandable. The biological implications lead one to conjecture that so highly complex a multicellular organism as man would biologically seek a simple form of existence. The parallel, according to this hypothesis, would be in the tendency of multicellular groups to return to a unicellular existence. The final aim of such restoration to an earlier state of things leads, of course, to the return to the non-living. Such a path would really constitute a true road to peace—in a biological sense—but one which naturally is in conflict with the drives of Eros.

If we try, however, to apply the general concept of repetition-compulsion to the activities of people on vacations, we may be able to see that frequently just those activities are chosen as pleasureful which were indulged in for some real purpose in coping with the outside world in bygone times. Freud's observation that the weapons of one generation become the toys of a succeeding one has a great deal of truth here. The voluntary taking on of primitive pursuits during vacations attests this fact. Coincident with it is an expression of man's old battle which he has waged against nature: his drive to master it and control it under his will and domination. An example of this would be horseback riding. One other rather striking example of this is the outing which people frequently engage in which culminates in some type of 'camp-fire supper'. Fires are made and food is cooked out of doors. To be sure, rationalizations are made as to its greater savour, but the unmistakable impression is that some deeper tendency is also there at work, particularly, too, inasmuch as the task of doing the outdoor cooking is usually relegated to the man of the household.

Thus far our remarks have been confined to the more solitary outdoor type of vacation. From a clinical standpoint, if we consider the completely antithetic type, we are often inclined to suspect that this overpowering amount of activity which is imposed upon the vacationist, and to which he may submit, is in some ways a defence against certain unpleasures which might develop if he were alone. Some indulgence in noisiness and blaring activity may actually serve to prevent anxiety. One may observe something like this in children. Many children learn quite early to play by themselves, so that they do not have to be amused by someone else. This is

considered healthy from the standpoint of mental hygiene. There are other children who always seem to be in need of some form of entertainment. There are some adults who are just like children when they find themselves on vacation. They do not know what to do with themselves unless they are entertained and amused. Analysis often reveals that this is a defence against anxiety, which may be almost phobic in proportion. This anxiety may take the form of a dreaded feeling of solitude which, in turn, may have to do with some material about death.

Pertaining to this problem of activity during vacations, it is of particular interest, since an obsolete meaning of vacation is ' *work* to which one devotes oneself; occupation ' (7), that there are people who seek to fill their vacation days with *work* which they *enjoy* doing. With these people, this has nothing to do either with any masochistic gratification or any special reality necessity. Freud indicated its importance in ' binding the individual more closely to reality ' (8, p. 35). He further added that: ' Work is no less valuable for the opportunity it and the human relations connected with it provide for a considerable discharge of libidinal component impulses, narcissistic, aggressive and even erotic, than because it is indispensable for subsistence and justifies existence in a society ' (8). From this standpoint it may be seen that this kind of work during a vacation may really serve to gratify the pleasure principle.

There are other problems in connection with the psychology of the ego which are applicable here. One important function of the ego is a sense of time. In the daily activity of civilized man, he is very much under the domination of the clock. During vacations, one of the things that happens, almost in a routine manner, is that people lose their sense of time. The orientation as to the day of the week is often lost track of first, and subsequently, depending on the type of vacation, there may follow an almost deliberate loss of sense of specific hours. Under some vacation circumstances, particularly where mealtimes are flexible, this may be seen especially clearly. Actually what is involved here is, once more, a kind of regression to an earlier stage of development where a sense of timelessness reigns (9). This in itself is really an approximation to the way the entire sense or perception of time is in the unconscious, namely, that there is no perception either of it or of its passage. What is so remarkable is that temporal relations in dreams are represented in what are really spatial concepts. Events of long ago, for example, may be represented pictorially as occurring at a great distance, as seen through the wrong end of a pair of binoculars (10).

An interesting observation in a child confirms this fact. A little boy of four and a half was playing with a steel measuring tape. Suddenly, after pulling out a length of the tape, he turned to his father and inquired, ' Daddy, is a day this long? ' And later, ' Is summer this long? ' A year later the same boy, after getting up from his afternoon rest, asked, holding his hands about 6 inches away from each other, ' Did I sleep so long? ' One can see from this how clearly time and space are identified with one another in the ego of the child.

What the vacationist frequently does is to go away from his usual surroundings by some mode of transportation. In doing this, he *transports* himself immediately into a state of timelessness. In other words, by dissociating himself from his usual spatial surroundings, he deliberately does in action what the unconscious does in dream work, both accomplishing a transformation into a different era in time. The psychic effect of this change is that processes are then perceived as being far removed from reality—' in a different world ', and that the individual's ego is then able to participate in a kind of timelessness, similar to that in which processes exist in the unconscious. From the standpoint of an effect upon relaxation, it becomes apparent how and why a regression to such a state would be pleasurable, because it permits the ego, which is closely bound to and by temporal reality, to abandon this binding for a while and to extend its boundaries into a kind of ' infinite timeless space '. It is significant, I think, that even in this last sentence we cannot describe such concepts without the use of some spatial allusions. We may thus understand the popularity of the choice of places that provide a boundless spatial expanse, such as oceans, beaches, mountain vistas, etc., as vacation sites. Thomas Mann, in *The Magic Mountain*, and other writers have commented on and described this sense of timelessness.

There is another factor, however, which must be discussed in this connection. Our egos are spatial egos. Freud in describing this wrote: ' . . . Originally the ego includes everything, later it detaches from itself the outside world. The ego-feeling we are aware of now is thus only a shrunken vestige of a far more extensive feeling —a feeling which embraced the universe and

expressed an inseparable connection of the ego with the external world. If we may suppose that this primary ego feeling has been preserved in the minds of many people—to a greater or lesser extent—it would co-exist like a sort of counterpart with the narrower and more sharply outlined ego feeling of maturity, and the ideational content belonging to it would be precisely the notion of limitless extension and oneness with the universe—the same feeling as that described by my friend as " oceanic " ' (8, p. 20).

The bodily ego is, from a developmental standpoint, the first to be identified by the child. Gradually, as other objects are cathected, they are included in the framework of its peripheral ego boundaries; e.g. the child's teddy bear, his other toys, etc. As the child develops, the important boundaries of his ego become gradually more sharply distinguished from what are to be regarded as ego extensions. Some people seek to derive a greater extension of their ego boundaries by increasing their material possessions. With others, this extension takes place by filling the ego with increasing amounts of newly found knowledge, investigation, research, reading, talking with people, travelling, etc. Similar examples in relationship to literature (Goethe) (11) and music (12) were given by Sterba, who stressed this meaning of cosmic identification. The extension of one's customary ego boundaries may be accomplished so to speak by opening them, so that one's narcissistic cathexis may then extend over a greater area. From this standpoint it may be seen why many people engage in just such activities during their vacations. This extension of ego boundaries is particularly apparent in going up a mountain, being near a large body of water, or looking at the star-filled sky at night. Such views provide a tremendous expanse of space through which the ego can expand by identification with it.

In connection with this theme of extension of ego boundaries or oceanic identification, I should like to present at this point a number of observations from children.

I. A little boy of one and a half years was taken to an ocean beach for the first time. His sudden view of the tremendous expanse of sand and water, an almost unlimited or infinite expanse, was met with tremendous excitement, one might almost say intoxication. The moment he got on the beach, he ran and ran as fast as his little legs could carry him, his arms outstretched, shrieking with delight. He did not stop running until he was exhausted. In his running one could see how he tried to encompass this tremendous expanse of what must have appeared to him as limitless space, and how his ego seemed to identify with it.

II. The same boy at the age of four and a half was walking in the woods with his father and others. They came to a kind of clearing where the trees were far apart down a large clear hill. He broke away from the group and ran gleefully down the hill singing, ' I'm free, I'm free, I'm free like a bird '.

III. Another little boy who was fourteen months old and was just learning to talk was playing outside early one evening when his parents called his attention to some pretty clouds in the sky. He noticed them for the first time and began to run around, pointing to them with both hands, saying, ' A dis, a dat ' and ' ca ' (for cloud), trying to twist his tongue to make the difficult ' l ' sound. He actually tried to reach the sky again and again with his outstretched arms as though trying to take in each cloud. Thus again we see an attempt to extend one's boundaries.

Similar observations may be made with adults. I shall cite only one of them. An older woman driving in the country also compared her driving her car rapidly to being ' free as a bird out of a cage '. In her case she referred to the freedom she felt on leaving her home, where she felt hamstrung by her unhappy marriage and unpleasant family responsibilities.

In dealing with these phenomena of changes in ego boundaries it may be noted that pathological manifestations may develop under certain circumstances. There are those individuals, for example, whose ego boundaries are somewhat shaky, so that they are actually afraid that their ego may become completely dissolved or disintegrated if they dare to relax. Such a state of affairs is particularly accentuated during a vacation where an attitude of permissiveness prevails. These people are literally afraid of an ' emotional surrender ', to borrow a term from Anna Freud.

It would appear then that some change or reorganization occurs in ego functioning in vacations which is of prime importance in the understanding of the dynamics of the entire problem of *how* vacations work. Let us pursue this theme further. Nunberg (13) described as one of the functions of the ego its ability to synthesize. From the experience of many analysts whose patients show varying degrees of growth or progress during their vacations from analysis, we may derive confirmation of the con-

cept that the ego utilizes periods away from analysis to consolidate, assimilate, or synthesize the gains and insights which have been made (14). More general experience and observations reveal how problems which loom as virtually insoluble, life situations which are or seem to be intolerable, definitely improve or seem to improve during vacations. Often, too, experiences which are inordinately trying appear to be viewed from a fresh perspective, so much so, in fact, that we might almost speak of a healing or reparative function of the ego in this connection. The mechanics involved in such results would appear to be due to the utilization of freed energy by the ego which, since it no longer has to struggle with the demands of reality, can direct some of its energies toward this kind of reparative work. Normally, such a function is observed to take place during sleep. Shakespeare has described it well in the words:

> ' Sleep that knits up the ravell'd sleave of care,
> The death of each day's life, sore labour's bath,
> Balm of hurt minds, great nature's second course,
> Chief nourisher in life's feast,—' (15).

Actually such reparative functions seem to be an important part of the ego functioning. In vacations there appears to be a certain loosening of the energy which is ordinarily bound, so that it becomes liberated to participate on the one hand in the expression of the pleasure principle, and on the other in the proper evaluation of the true state of reality; that is, in seeing reality in its proper perspective in terms of all the individual's ego experiences. In many respects this is similar to what happens in sleep, as already mentioned, but with the important difference that the ego is not asleep, that it is active, that it can view, test, and participate in reality, but with a reality that is temporarily *softened*, if only by the fact that certain of its demands are temporarily reduced. This reduction in its demands results in a shifting of the usual balance of forces in the entire mental apparatus. Energies in the ego ordinarily operate successfully just because in daily activity they have become desexualized and/or ' deaggressivized '.[2] In vacations these energies or functions are partially permitted to return to their more original state, wherein they are more intimately bound with unneutralized libidinal and aggressive energy. The result of this temporary return is a recharging or renewal of energy in the ego. It would almost appear as though, under such circumstances of greater permissiveness, the ego could recharge its supply of energies by being able to draw more for itself from the reservoirs of the id.

We have now come to a point where I think we can venture to answer the third problem raised at the beginning of this paper, namely, what constitutes a ' good ' vacation. Obviously no specific formula can be prescribed. The answer lies in the directions indicated in our discussion above, and is predicated upon the strength and integrity of the ego of the vacationer. The more neurotic the person, the weaker the ego and the more frightened it is of becoming inundated by the forces which threaten to become liberated when the individual is relaxed and lets down his guard. From the standpoint of the vacation itself, assuming the relative normality of the personality of the vacationer, there must be permitted a change to a type of milieu, varying with each individual, wherein the greatest possibility of increase in ego boundaries can result. Concomitantly with this, it is desirable that a greater opportunity exist for the development of a state wherein one feels at peace, wherein tensions pertaining to or developing from the individual's life situation are minimized, and wherein one is able to indulge one's pleasure principle to the maximum.

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PSYCHOLOGICAL THEORY AND THE BELIEF IN GOD[1]

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My purpose in this paper is to diagnose a philosophical difficulty felt by many psychologists and many interested in psychological theory. The difficulty is well known. Can a belief in God be reconciled with contemporary psychological theory? I shall concentrate on one small but, I think, important corner of this difficulty. It is not possible to do more in one paper. But even to do this I shall have to spread myself excessively; and in spite of this prolixity my treatment will be bald and schematic—to the point of caricaturing psychologists and philosophers, including myself.

When we ask the question: 'Can a belief in God be reconciled with psychological theory?' the particular psychological theory we usually have in mind is psycho-analysis or Freudian theory. For this is the theory with the most obvious relevance. Consequently, I shall simplify the question and ask: 'Can a belief in God be reconciled with Freudian theory?' I shall begin an examination of this question by briefly recalling what I take to be the relevant essentials of one version of Freudian theory.

One Version of Freudian Theory

The infant and child go through certain stages in the course of development to maturity. In particular, the infant begins by ascribing omnipotence to himself, and later as a child to his parents. His parents come to figure as omniscient, omnicompetent, and dominating persons; and it is from them primarily that the child acquires his fundamental moral attitudes and ideals. Throughout his development, the child is dependent on his parents for security, affection, etc.; and this dependence varies in degree and character according to the stage of development that he has reached. But because it is the father who is the dominant parental figure, at least in our type of culture, it is he who provides the dominant parental model or ideal figure. The next step is this. If a child, adolescent, or adult meets a severe obstacle in the course of making some learned and necessary adjustment, then he is likely to exhibit the tendency to revert or regress to a mode of response appropriate to some earlier stage of development. Clearly, the behaviour the adolescent or adult will exhibit if and when he actually regresses in a marked manner may not be exactly like the corresponding form of behaviour he exhibited as a child or infant—for obvious reasons. But the behaviour he does exhibit will be sufficiently like the corresponding behaviour of the child to be clearly recognizable as a child-like response. Now, though the individual goes through certain stages on the road to maturity, he may not 'get through them' very well. He may be completely or relatively unsuccessful in doing so. That is to say, his upbringing may have been such that he was prevented from exhibiting the behaviour and receiving the gratifications appropriate to any given stage. Where a person, as an infant or child, was not at all successful in developing through a given stage, he is likely to exhibit the *absolute* fixation of the pervert or the eccentric. Where a person was fairly successful in getting through his stages of development, as most of us have been, such fixation as does occur is merely relative. In other words, the more satisfactorily a person gets through one stage the less fixation he will exhibit about this stage in comparison with some other stage through which he did not pass so well. If a person's development has been such as to produce an adolescent with considerable personal difficulties, or an adult full of insecurities, then he will exhibit a good deal of relative fixation at some stage, or stages, of development. The more maladjusted he is, the stronger will be his tendency to regress under strain to modes of response appropriate to some earlier stage or stages of development. The particular form this regressive tendency takes will be determined largely by the nature of

[1] Based on a paper read at the Annual General Meeting of the British Psychological Society at Liverpool, 1 April, 1951.

the relative fixations, or (what comes to the same thing) by the particular way he happens to have been mishandled as a child.

The final step in the argument is this. Consider an adolescent who has not managed at all well to get through the stage of parent dependence. When he is faced by the stresses of adolescence, he may tend to meet these by regressing to his earlier parent-dependent attitudes and behaviour. But this regression will not take the form of behaviour just like that of the child, because the adolescent has learnt that such behaviour is now quite inappropriate. So the form his regressive behaviour takes will be only analogous to that of the child's. Since he cannot any longer exhibit this dependent behaviour towards his parents, he unconsciously displaces it on to parent-substitutes. Since the father is the dominant parent-model in our culture, the important displacement that occurs will be on to a new father figure. Fortunately for him perhaps, he has not far to look for such new father and parent figures in European culture. They are already provided for him by, for example, the Christian religion and by contemporary Marxism. The Christian religion provides him with ' God the Father ', ' Christ the Son ', and ' the Virgin Mary as the Mother '. That is to say, it enables him to displace unconsciously his parent-dependent attitudes on to a new ideal family; and it enables him to project unconsciously his own moral standards on to these new figures, where they reappear, in particular, as ' the will and all-seeing eye of God '. Contemporary Marxism provides him with a Trinity of secular Gods—Marx, Lenin, and Stalin, and with Soviet Russia as the Motherland. Taking the Christian alternative alone, it is clear that the adolescent will be considerably and perhaps greatly helped by the acquisition of this substitute Father and family. His regressive adjustment will take the form, in part, of a belief in God. He will exhibit what looks like ' a need to believe ' in God, and the function of this belief will be to give him some of the support and consolation, etc., that he requires—his personal defects being what they are. Now according to Freud ' a belief is an illusion when wish-fulfilment is a prominent factor in its motivation, while its relations to reality are disregarded.' [2] In view of the origin and function of the belief in God for our adolescent, it follows that his belief in God is a belief in an illusion. I think orthodox Freudians would go on to say that the psychological factors determining the individual's belief in God are of *the same sort* as *some* of the factors necessary to produce the idea of God in the first place. What happens in a community is what happens to the individual—when it is writ large. I think they would make this claim in spite of the difficulty of all detailed speculations about origins and in spite of the absurdities of Freud's own speculations in this connection.

The Psychologist's Difficulty

So much for my stark summary of Freudian theory. What now is the difficulty facing the psychologist? I shall try to make articulate the conflict in which I think he is. If asked, or pressed, he might say something like this: ' If the Freudian account is substantially correct, then an essential condition leading to the adolescent's belief in God is the fact that he was unfortunately treated as a child. If he had not been mishandled, he would not still be parent-dependent. Hence he would now not stand in need of a substitute father and holy family; and he would not be hunting round anxiously, as he usually is, for reasons to defend or justify his belief in God.' In short, if the Freudian account is true, then his belief in God is a childlike belief, inappropriate to a well-adjusted adolescent and adult; it is a belief that Freud quite correctly calls an illusion. ' *But*,' the psychologist will go on to say, ' surely this whole Freudian story about the causes and function of this belief is quite irrelevant to its truth or falsity, its validity or invalidity? Even if we grant this whole story, it may still be the case that the reasons the adolescent can produce for his belief in God are very good reasons and sufficient to validate this belief, or establish it as true. Even if human communities first hit upon the belief in God in the way implied by Freudian theory, it may still be the case that there really is some transcendent entity corresponding to the idea of God. After all, there are well-known examples of beliefs that were "illusions" in Freud's sense, but that we now know to be true. For example, the belief of the alchemists in the transmutability of the elements, or a simple popular belief like " Red at night, shepherd's delight; red in morning, shepherd's warning ", a popular belief that apparently has good meteorological grounds. What is more, Freudians themselves are at pains to distinguish between the truth and the causes

[2] *The Future of an Illusion*, Ch. VI.

of the belief. Freud himself emphasized that "the illusion need not be necessarily false", and Flugel has said that "the existence or the possibility of Cinderella's prince, of the flying machine, or of God himself, must all be proved or disproved by independent evidence".'

I suspect that what psychologists feel like saying of the adolescent, they also feel like saying of themselves. So the philosophical difficulty or conflict which psychologists are in seems to be this. They feel they *cannot believe* in God if the origins and function of the belief are what Freudian theory asserts. On the other hand, they feel that all this is just irrelevant. But again, if they only say this, they remain uncomfortable, because the conflict between these two competing tendencies is left unresolved. I suspect that this conflict is experienced by psychoanalysts themselves, orthodox or otherwise, and by many psychologists, believers and unbelievers alike. Should any psychologist, however, recognize his own semantic need for a belief in God, then I should expect that the conflict in his case will have a greater personal poignancy than in the case of a person with no such unconscious wish to believe.

At this point I shall make two assumptions. The first is about fact. I shall assume that my description of the conflict psychologists experience is substantially correct. On this assumption I shall try to uncover some of the sources of this philosophical conflict and discuss how it can be resolved. The second assumption is about Freudian theory itself. I shall assume, for the purpose of this paper, that it provides a definitive account of the origin, etc., of the belief in God. I make this assumption, and I ask the reader to accept it, for the reason that the real source of the trouble lies in the *kind* of theory it is, viz., in its ' scientific ' or ' naturalistic ' character. Consequently to object to the theory itself, which is only too easy, is merely temporarily reassuring and not very effective. I hope to make this clear later.

A suggested Diagnosis of the Difficulty, with the Aid of the Belief in Fairies

I come now to the central point of this paper. I shall try to uncover some of the sources of the philosophical conflict among psychologists that I have described.

The very first thing to observe is that I am going to offer certain interpretations of the difficulty psychologists are in. As we all know, such proffered interpretations are liable to arouse resistances. This is especially liable to happen among psychologists to whom the question of the ' belief in God ' is of affective importance. So if I were to deal directly or immediately with the difficulty about the ' belief in God ', some psychologists would offer unfortunate resistances to my interpretation. Hence I shall try to avoid such resistances by concentrating on a philosophical difficulty which is closely analogous to that about the belief in God, but which they do not happen to feel, and the interpretation of which, therefore, will not be upsetting. I make no apologies for spending some time now on what is not apparently the subject of my paper.

Consider the case of an adolescent, Smith, who is troubled about the existence or reality of fairies. He goes round asking people: ' Am I really justified in believing in fairies? ' It is unlikely, but by no means impossible, that there should be some such adolescent in our community who is troubled in this way. Suppose he puts his problem to Jones, and Jones answers him in the following way: ' My dear fellow, please notice what leads you into this difficulty, into this need to believe in fairies. You are obviously fixated at the fantasy stage of development where the child does not and cannot distinguish between the real and the fantastic. When you reached this stage as a child, you must have been mishandled in some way and so prevented from getting through it. Your wish to believe in fairies now as an adolescent reveals a tendency for you to regress to this period in your development. If you had not been mishandled at this period, you would not want to believe in fairies at all. Clearly fairies are the projections of your childhood and a belief in fairies is a belief in an illusion.'

To these remarks, and to any remarks of the kind, Smith might be inclined to retort as follows: ' But even if what you say, Jones, is quite correct, surely your whole story about the causes of my wish to believe is quite irrelevant to the truth or falsity of the belief—to its validity? Even if we grant your account of psychological causes and function, it may still be the case that the reasons I can produce for my belief in fairies are very good reasons and sufficient to validate the belief, or to establish it as true.' Smith might go on to produce some of these reasons. ' My first good reason,' Smith might say, ' is that I have had direct experience of them—I have seen them, heard them, and felt their presence. You, Jones, cannot see them because you do not believe in them from the start,

and consequently don't look at old mounds, empty buildings, fields, and glens with the eye of fairy faith. I am not at all unusual in this experience. Many other people also can see them; for example, the Irish country folk, as described by Arensberg in *The Irish Countryman*. My second reason is that we can only account for certain regular natural phenomena by supposing that they are produced or designed, at least in part, by the fairies. I refer, for instance, to fairy rings, produced by the dancing of the fairies at night. Unless we do make this supposition, these phenomena remain inexplicably mysterious. My third reason is this. There is one type of phenomenon that you, Jones, with all your science, cannot explain. Here is one example of many. I plant my peas one year, do everything I should do, and they do excellently. The next year, I plant my peas again, do everything I should do, and they do badly. Why is this? It is no good saying it must be too much rain, or it was the mice, etc. I know perfectly well that these factors all co-operate to produce the result. But why should they co-operate in this way this year to affect me adversely? It is no good saying, " Oh, it's just chance or bad luck." That is the only kind of explanation that science can offer, and it is obviously just a way of confessing that science cannot explain it at all. The reasonable explanation is to say that these so-called chance happenings are the work of the fairies—work that is apt to be harmful when one has annoyed or interfered with them, and not given them their due. These then,' Smith might conclude, ' are three good reasons for the belief in fairies. What I want to know is whether these reasons are good enough to establish this belief or not; and the causes that you, Jones, offer for my whole interest in this question are simply irrelevant.'

I shall assume that the reader has noted the parallel between the difficulty of Smith about fairies, and the difficulty of the adolescent about God. As he has no doubt also noted, the parallel is sufficiently good to hold between some of the reasons that have been produced traditionally to support a belief in God, and the three reasons Smith produced for a belief in fairies. Smith's three reasons could be called, quite appropriately, the argument from fairy experience, the argument from design, and the argument from final causes.

How Fairies are Unreal

Now let us look at Smith's reply to Jones. Smith contends that the causes, etc., of a belief in fairies are irrelevant to the truth or falsity of this belief. The important question is: Do we, psychologists, analysts, students of psychological theory—do we feel like saying this about a belief in fairies? Are we naturally inclined to say this here? Or do we feel that there is something odd about Smith's contention? I suspect that we do not feel like saying this at all—that it would not occur to us to say it. On the contrary, what we might be inclined to say is something like this: ' Surely, the causes of a belief in fairies are neither relevant nor irrelevant to the truth or falsity of this belief. For this belief is not the sort of belief that we can establish as true or false anyhow—it is just superstition.' This natural remark of ours draws attention at once to certain features of Smith's reasons for a belief in fairies that it is essential to notice.

When Smith produces his reasons for a belief in fairies and tries to explain his philosophical difficulty to us, *we* are not likely to be very sympathetic. We are not likely to feel his difficulty about the apparent incompatibility between the belief in fairies and Freudian theory. In this respect, therefore, Smith's difficulty about fairies differs from the adolescent's difficulty about God. While we feel that Freudian theory, with its causal story, is somehow incompatible with the adolescent's belief in God, we do not feel that it is incompatible with Smith's belief in fairies. For this latter belief is not the sort of thing that can be incompatible with or irreconcilable with a scientific account like Freudian theory; since this fairy belief is not the sort of thing that can be true or false at all—it is just superstition. Notice, therefore, that in this fairy case we accept the causal story and simply disregard Smith's reasons for his belief. In the case of the belief in God, we accept the causal story and we do not disregard the adolescent's reasons for the belief—we feel these are relevant. But when we disregard Smith's reasons for a belief in fairies, we do not in fact do so because we have gone through them individually and found them all wanting. We do so because they are not the *kind* of consideration that will be of the slightest use in trying to prove that fairies exist. No matter how ingeniously Smith argues in support of fairies, he leaves us amused but cold. That is to say, to express it paradoxically, the reasons Smith advances to prove the existence of fairies are *not reasons at all for us*. They are not reasons because fairies are not the sort of things whose existence *we* can prove or disprove, establish or disestablish.

Now let us notice shortly just why it is that fairies are not the sort of things whose existence we can prove or disprove. I need not waste time in pointing out how it is not possible to prove or disprove their existence by the use of scientific methods. That is only too obvious. In any case, as we have seen, the reasons Smith produces are not of the ' scientific ' kind. Well, what are they like? Look at the argument from fairy design. When Smith argues that *this* circle of greener grass is fairy-produced, he is pointing to the resemblance between *this* ring and a fairy ring in a children's fantasy world, which is of course produced by fairies. This resemblance has a suggestive force for us. It suggests to us that, just as a fairy ring in a fantasy world is made by fairies, so is this one also. But of course this argument will not do at all. For a fairy-made ring in a fantasy world is *by definition* unreal to us. If, therefore, we say that *this* ring in front of us *is* a fairy-made ring it follows that this ring *cannot be* a fairy ring, because all such rings are by definition unreal. If therefore Smith points to the resemblance between *this* ring of grass and a ring in a fantasy world in order to establish that *this* ring is a ring in a fantasy world also, all he *can* establish is that ' This is a fairy ring, and yet cannot be one '. This is a self-contradiction and obviously absurd. Consequently the argument from fairy design is simply of no use to us in establishing the existence or reality of fairies. The same applies, I think, to the other arguments for the existence of fairies.

We can now appreciate *why* there are no reasons to establish the existence or reality of fairies. Fairies are by definition, in our Western cultures, unreal or non-existent entities. This is how we use the word ' fairy '. Hence to say ' There are not such persons as fairies ' is quite different from saying ' There are no such persons as cannibals nowadays.' The latter is a statement of fact, which may be true or false. The former (about the fairies) is not a statement of fact at all, but a statement that draws our attention to one feature of our use of the word ' fairy '. In other words, we pigeon-hole, or classify, ' fairies ' as unreal or non-existent. Consequently for us to be asked to prove or disprove the reality of fairies is an absurd or silly request. We already use the word in such a way that proof or disproof is irrelevant. This is one thing we mean when we say that a belief in fairies is superstition.

With this behind us, let us return to Smith's protest against the Freudian account of his belief. ' But surely the causes of my belief in fairies are irrelevant to the truth or falsity of this belief? ' Notice that *we* are not disturbed here at the alleged irrelevance of the Freudian account to the truth or falsity of the belief in fairies. We are not in conflict here because, as I have already pointed out, a belief in fairies to us is not something that is either true or false, as fairies are by definition unreal and belief in them just superstition. In what ways, however, is *Smith* in conflict at this point? The Freudian account, let us remember, is a scientific theory, and so it uses the word ' fairy ' in the way that we do in Western culture. Therefore, the Freudian account entails that fairies are unreal. Therefore Smith is committed to saying: ' The Freudian account, which entails that fairies are unreal, is true; and yet there really are such things as fairies.' These response tendencies, of which Smith is no doubt unconscious, are obviously incompatible for him. They are of the kind that express themselves in statements which we call self-contradictory. So the Freudian account of fairies is logically incompatible with Smith's belief in them. Smith's conflict, therefore, is, in part, of this logical sort. *We*, naturally, are not in this logical conflict because we reject fairies as unreal anyhow, and, unlike Smith, do not accept them as possible objects of discussion or debate. In addition, however, I think Smith would also be in conflict in another and perhaps more important way. He accepts the Freudian account of the belief in fairies. But this acceptance unconsciously inclines him *to alter his use* of the word ' fairy ' so as to bring it into line with *our* use, in which ' fairies ' are unreal by definition. Yet his belief in fairies inclines him to stick to his own present use of the word, and to defend it by ignoring, or disparaging, or in some way fending off the Freudian account of his belief and preventing it from exerting this disturbing influence. Again, *we* are not disturbed here, we are not in this sort of conflict, because we already use the word ' fairy ' in the way that Freudian theory does, and hence do not believe in the existence of fairies.

Moreover, let us notice that Smith's conflict is not generated by the Freudian theory *as such*. For he would be put into just the same sort of conflict by any other psychological account. The logical conflict and the conflict over altering the use of the word would both be there. The reason is that any presentable scientific account will have the features sufficient to generate the conflict. I hope this is quite obvious by now.

That is why I said earlier that the main sources of the trouble are not to be found in the particular Freudian theory I have summarized, but in the ' scientific ' or ' naturalistic ' character of the theory itself, and why I advised psychologists not to try to treat their difficulty by the reassuring technique of objecting to the theory.

Two more important points about fairyland before applying the analysis to the belief in God.

The Belief in Fairies in a Hypothetical Community

No doubt you have noticed that I have continually said: ' In our Western culture fairies are by definition unreal ', or ' *We* pigeon-hole them as unreal ', etc. I did this partly to emphasize the contrast between ourselves and Smith, who does not use the word ' fairy ' in this way, and to whom the question of the existence of ' fairies ' is a debatable topic. But I also spoke like this in order to emphasize another contrast —the contrast between the way in which we use the word ' fairy ' in our community and the way in which the word would *perhaps* be used in a community that was in transition from, say, an illiterate rural to a modern commercial, or industrial, or urban-dominated one. In an illiterate rural community, a belief in the reality of fairies, witches, and similar creatures is likely to be well established. In a modern industrial community there will be no such widespread and established belief. In *this* sort of community, people are likely to use the word ' fairy ' in such a way that fairies are unreal by definition.

But what is the situation likely to be when the community is in transition from the first condition to the second? I venture to infer that some, if not many, members of such a community will be in, or can easily be thrown into, the same sort of philosophical conflict that Smith is in about fairies. Let me say that I have no direct evidence to support this inference. Nor have I any direct evidence to support the speculations in which I am going to indulge about this transitional community. One reason for this, I think, is that there may not be much or even any evidence available. The only kind that would have a direct bearing is evidence about the philosophical difficulties experienced in such a community, and about the correct and normal use in it of words like ' fairy ', ' real ', and so forth. I am not sure that such evidence exists. Contemporary anthropologists such as Radin, Arensberg, Kluckhohn and Leighton, and Evans-Pritchard hardly provide it.[3] This is not surprising, since they do not seem to have asked the necessary questions; and this, in turn, is not surprising, since the philosophers are only just beginning to ask these questions themselves. We may have to wait for the next generation of anthropologists to go out to ask the right questions and to collect the evidence necessary to test the inference I have made. On the other hand, I think the inference is not an unplausible one. Indeed, both the inference and the speculation in which I shall indulge about the transitional community seem to me to be quite reasonable in the light of the indirect support they can muster. For simplicity's sake I shall assume that they are both substantially correct. But whether they are correct or not does not really matter, since I am only going to put them to a therapeutic use. We all know how a nice story can do its therapeutic job even though it is pure fantasy.

I shall suppose, then, that some or many of us in this transitional community will either experience Smith's kind of conflict over the fairies or be liable to experience it. For as members of this transitional community we shall be inclined to use the word ' fairy ' in a *new* way, where no proof and disproof are relevant. But we shall also be inclined to use it in the *old* way, where proof and disproof *are* relevant. If we now become acquainted for the first time with the Freudian account of our belief in fairies and our need to believe in them, we are then likely to experience precisely Smith's conflict or difficulty. The effect of the Freudian account will be to exacerbate the whole situation, to encourage us to adopt the new use of the word ' fairy ', and so to complete the transition from belief in fairies to their rejection as superstition. It is easy to see why the Freudian account will have this effect. It will make us aware of the unconscious sources of our urge to treat ' fairies ' as real. In so doing, it will help to free us from the compulsion to treat them in this way; and we shall be able to discuss the value of such pigeon-holing in a more detached fashion. The Freudian account will also make us conscious of some of our resistances to the new way of talking; and the fact that we are able to talk about our resistances makes them less overpowering and intractable. So the particular

[3] See Radin, *Primitive Man as Philosopher*; Arensberg, *op. cit.*; Kluckhohn and Leighton, *The Navaho*; Evans-Pritchard, *Witchcraft Oracles and Magic among the Azande.*

difficulty that Freudian theory puts us in, in this community, will seem to us particularly acute and difficult.

Resolving the Difficulty about Fairies

How, now, could we resolve our conflict about fairies in this transitional community? An adequate answer to this question raises a complex of psycho-social issues that I have neither the time nor the competence to examine. I shall merely point the way to an adequate answer by presenting the obvious alternatives in a bare and schematic form. There seem to be two obvious ways of resolving the conflict for this transitional community. The one is to hurry up the social transition from a primitive agricultural community to, say, a literate industrial one; and to see to it that the children are so educated 'that they get through the fantasy stage fairly well'. This latter step would presumably help to diminish the adolescent and adult need for this fantasy world. This first way of resolving the conflict would act by changing people's use of the word 'fairy', so that fairies are now pigeonholed as unreal. The other obvious alternative would be to maintain, or revert to, an agricultural mode of life, etc., and to keep the family-cum-educational set-up the same as before. This would resolve the conflict by removing the temptation of people to use the word 'fairy' in a new way at all.

But is there any way in which the conflict can be resolved for people in this transitional community by *reconciling* Freudian theory with the belief in fairies? I am not sure that I know what this question means. It might mean: 'Is it in fact possible for Smith to elaborate some set of verbal habits, some sort of talk or private or personal language, about Freudian theory and the belief in fairies—a talk which does in fact succeed in resolving the conflict *for him* with some measure of success?' If the question about reconciliation means this, then the answer is 'Yes, it is obviously possible psychologically for this to happen.' But the question might also mean: 'Is it in fact possible to discover some set of verbal habits, or talk, that will be *generally* successful in resolving this conflict for people in this community, not merely successful for Smith or Robinson?' If this is what the question means, then I think the answer is 'No, it is rather unlikely.' The obvious reason is that the sort of talk that does the tension-relieving job for Smith may not succeed in doing it for Robinson, or for most other people in this transitional community. The verbal symbols that are tension-allaying for Smith may not be so for Robinson, or for most others in the community. This is only what we should expect in the light of individual differences. So there will be *no one* way of reconciling Freudian theory with fairy belief in this transitional community. Roughly, there will be as many ways as satisfy different people.

It is important to notice one general feature of all such reconciling talk. Smith may hit upon some talk that is conflict-resolving for him with some measure of success. But it will only have *some* measure of success. No example of any such talk is likely to be very effective in dealing with this conflict. Let me try to show this by considering an example briefly. Smith could talk like this: 'I agree that many of us do believe in fairies for the sort of causes that Freud pointed out. This belief is a matter of wish-fulfilment for many of us; many of us are regressing to fantasy level, etc. But this sort of belief in fairies is not the genuine or mature belief; and the corresponding fairy religion that such people profess and practise is not genuine or mature fairy religion either. Genuine adult belief in fairies is a matter of reasoned conviction by a mature adult—a conviction that he reaches only when he has evaluated the issues carefully and come to see how deficient is the scientific account of the world, and how reason compels us to accept a belief in fairies to account for our experience. The Freudian theory is quite unable to explain *this* kind of belief.' Such reconciling talk has the protective function of reassuring Smith that the Freudian theory can be ignored as far as *he* is concerned. For *his* belief, of course, is of the 'genuine' and not the 'spurious' kind! However, it is not very effective talk. For it overlooks that, according to Freudian theory, *all* fairy belief is in the same boat, whether spurious or genuine, immature or mature; and it is all in the same boat because the alleged 'reasons' that Smith produces for his genuine belief are not reasons at all. Smith is really in trouble here because Freudian theory inclines him to accept all this, and so change his use of the word 'fairy'. In making him overlook these features of his difficulty, this reconciling talk leaves him exposed to all the objections that can be produced by pointing to the differences between a belief in, say, the transmutability of the elements and his belief in fairies. In other words, Smith's reconciling line tries to *except* his own belief in fairies from the scope of

Freudian theory, and he can only do this by overlooking the fact that on a scientific theory like the Freudian, this belief does not constitute an exception. He will have, therefore, to be continually on his guard against any tendency to recognize this, against any temptation to accuse himself of self-deception in trying to exempt his own belief in fairies from the application of Freudian theory. Moreover, his reconciling line only works in so far as it enables him to avoid facing the sources of the conflict. It serves in this way as a protective device to keep these sources in the semantic unconscious. But we all know that to refuse to face squarely a personal difficulty is not generally a psychologically satisfactory way of dealing with it. The psychological limitations of this brand of reconciling talk also apply, I think, in various ways to the other brands that can be offered.

Applying this Analysis to the Difficulty about God

I now return at long last from my speculative journey into fairyland to the ' belief in God '.

Does my diagnosis of Smith's conflict over the belief in fairies apply to the conflict of the adolescent and of the psychologist in our community about the belief in God? The answer depends, I suppose, on whether the two difficulties resemble each other in the relevant respects. As far as I can tell, they do do so, and hence the answer is ' Yes '. My diagnosis of Smith's difficulty does apply to the difficulty of the adolescent and the psychologist about God. I hope that what I have said has been sufficiently clear to make the resemblances obvious as I went along. Consequently I shall not list them. What I have not done so far is to mention the differences between these two beliefs—in fairies and in God—and I am afraid I shall have to sacrifice them to save space.

Let me simply consider the psychologist's difficulty about God, and apply to it briefly the analysis I have given of Smith's difficulty about the fairies. The psychologist's trouble, it will be recalled, was this. ' If the origin-cum-function of the belief in God is what Freudian theory says it is, then they feel they cannot believe in God. If God is a man-made Father-model arising from wish-fulfilling displacement, etc.—if this is so, then it is impossible to believe in God. On the other hand, no account of the origins and function of this belief can possibly invalidate or disprove it. Yet to leave the matter like this is not satisfying, since the conflict between these two verbal tendencies remains unresolved.' Now, if we all used the word ' God ' in the way that we do use the word ' fairy ', we should be in no difficulty here. Obviously God would then be unreal by definition; and no arguments or reasons could either validate or invalidate, prove or disprove the belief. So we could accept the causal and functional account of Freudian theory quite happily. The trouble arises because we seem to be in a state similar to the transitional state of Smith's community. When we employ Freudian theory to give a causal-cum-functional account, we are using, or are tempted to use, the term ' God ' in a way that makes him unreal by definition. We are unconsciously putting God in the same pigeon-hole, or basket, as the fairies. But at the very next moment we find ourselves using the word ' God ' in such a way that reasons and argument, proof and disproof, about his existence are quite in order. That is, we are now treating God as somebody who can be real, though whether he does exist or not is a matter for rational discussion. Belief in God is now treated as a belief for which it is sensible to produce reasons. To put it differently, the Freudian account of the belief in God seems to be logically incompatible with this belief, and so produces conflict of the logical kind. For when we consider the Freudian account *per se*, and not what Freudians say about it, it appears to entail that ' God ' is unreal, since it seems to use the word ' God ' just as we use words like ' demons ', ' fairies ', and so forth. Further, an acceptance of the Freudian account is psychologically incompatible with a belief in God in the other way we have noticed before. For such acceptance inclines us to alter our use of the word ' God ' so as to pigeon-hole him with the fairies. But a belief in God, or a desire to believe, etc., will incline a person to stick to the present use of the word in our community; and will incline him to reject, or revise, or ignore, or protect himself against the Freudian account of his belief in some way or other.

This brings out why it is that the Freudian account is so disturbing. It pushes us into altering our use of the word ' God ', and so into calling belief in God ' just superstition '. Because the Freudian account is a scientific one, it just uses the word ' God ' in such a way that he is unreal by definition. I think it is true to say that a very important cultural factor urging us at present to pigeon-hole ' God ' with the fairies is the criteria of proof and disproof used in the empirical sciences, both natural and psycho-social. Now if the way we came to a

belief in God were scientifically inexplicable, then we should be ready, no doubt, to say or believe that these criteria are not applicable to assertions expressing belief in God. Consequently, there would be little pressure from this direction to change our use of the word ' God '. But Freudian theory purports to give a scientific account of how we come to believe in God—an account therefore that uses, or should use, these scientific criteria of proof and disproof. Moreover, however great its defects, it is an account that has won considerable acceptance and respect as a scientific explanation of our belief in God. The Freudian account, therefore, reinforces the urge to apply to the ' belief in God ' the same sort of criteria as we apply to, for example, the ' belief in electrons '; and this also leads us to pigeon-hole ' God ' with the fairies, and so change the use of the word. In addition, the Freudian account makes us aware of some of the unconscious sources of our urge to treat God as real and to believe in him. In doing this, of course, it helps to free us of the compulsion to believe and so enables us to discuss the alternative uses of the word ' God ', as ' real ' and ' unreal ', in a more detached and critical manner.

Two Obstacles

Let me mention briefly two things that are likely to prevent us from appreciating all this.

(1) As I have noted, Freudians themselves insist on distinguishing between the causes of a belief in an illusion and the evidence for the truth or falsity of it. Thus, Freud calls a belief an illusion ' when wish-fulfilment is a prominent factor in its motivation, while disregarding its relations to reality '; and he says that it ' need not necessarily be false '. Flugel agrees that ' the existence or possibility of Cinderella's prince, of the flying machine, or of God himself, must all be proved or disproved by independent evidence '.[4] This way of talking about their own account of the belief in God might tempt us to say that I am wrong to claim that the Freudian account entails that God is unreal by definition; and, consequently, that my diagnosis of the fairy difficulty does not apply at this point to the difficulty about God.

But if there is anything in the diagnostic line I have suggested, then it follows that Freudians are themselves in the philosophical conflict I have been examining, and their insistence here on this distinction between causes and evidence is itself a symptom of their conflict. We can see this by looking at Freud's own remarks. When he defines an illusion in *The Future of an Illusion* he says, as I have just noted, that ' it need not necessarily be false '. Yet on the very next page he says of religious illusions that ' they do not admit of proof . . . just as they cannot be proved, neither can they be refuted '. But the second remark obviously does not square with the first (that they need not necessarily be false); and it makes nonsense of Flugel's demand that *all* illusions must be proved or disproved by independent evidence. Furthermore, if Freudians are to demand evidence for illusions like those of alchemy, the flying machine, *and* God, as Flugel requires, they must *also* demand evidence for illusions like those of hobgoblins, nymphs, and fairies, which we all agree is absurd. So Freudians can only get out of their difficulty by distinguishing between three sorts of illusions: those where evidence is accepted as relevant (like the flying machine); those where it is not (like fairies); and those (like the belief in God), where we vacillate over whether evidence is relevant or not. I think it is fairly clear, therefore, that Freudians are in exactly the same philosophical difficulty here as are all the rest of us. Accordingly, if we distinguish the Freudian theory from what Freudians say about it, it is clear, I think, that the Freudian theory by itself does entail that God is unreal by definition; and that the account I gave of a belief in fairies is also applicable here to a belief in God.

(2) The second obstacle in the way of accepting my interpretations is closely related to the first. This is the distinction we all draw between the causes of, and the truth (or validity) of, any belief whatever. This distinction will undoubtedly serve to prevent us from appreciating just how our use of ' God ' is in a transitional or vacillating state at present. For it will reinforce our tendency to say that Freudian theory is irrelevant.

To deal with this obstacle properly is a complex task. I shall merely make one point about it. If we consider a belief about some matter of fact, then it is important to emphasize this distinction between ' causes ' and ' truth ' or ' reasons '. For this distinction brings out how the psychological processes involved in coming to such a belief are logically independent of its

[4] Freud, *op. cit.*; Flugel, *Man, Morals, and Society*, Ch. XVII.

truth or falsity, and also of the soundness or otherwise of the reasons produced for it. Look, for example, at the psychological account that Wertheimer gives [5] of how Einstein came to believe that the velocity of light is a constant. This account could have been quite different and the belief true, or the account could have been what it is, and the belief false. But is there any point in emphasizing this distinction (between causes and truth, etc.) for the belief in God? Surely the answer is 'Yes and No'. Yes, in so far as we are using the term 'God' so that it is sensible to try to establish its truth or falsity. No, in so far as we are using the term so that God is unreal by definition. Obviously there is no point in drawing the distinction between 'causes' and 'truth' in the latter case, since the belief is then not one that can be true or false anyway. So the distinction we draw between 'causes' and 'truth' (or 'validity' or 'reasons') serves to encourage us, I think, to assimilate 'belief in God' to 'Einstein's belief about light', and others like this; and it helps us to resist assimilating 'belief in God' to a 'belief in leprechauns'. It is in this way that the distinction reinforces our tendency to reject Freudian theory as irrelevant.

Let me mention one general implication of all this. If there is something in the diagnosis I have suggested, it follows that it is high time psychologists and psycho-analysts alike stopped using the classical distinction between 'causes' and 'validity' in the rigid, parrot-like way that they themselves have helped to entrench, and began to use it with care and flexibility instead. This distinction is the product of the philosophical activity of the nineteenth century. In my opinion it has become ossified, and is really a bit of a nuisance at present to psychologists and logicians alike. It needs to be reworked and loosened up in the light of contemporary linguistic analysis and behaviour theory.

The Long-term Resolution of the Difficulty

How now can we resolve this conflict which psychologists are in over Freudian theory and the belief in God? Let me be intolerably schematic again.

One way of resolving it is to break up the tradition in our community, or culture, that provides us with the substitute of a Heavenly Father. This would be like completing the transition in Smith's community from a primitive, agricultural condition to an industrial one. Various steps, I suspect, might help to break up this tradition and reduce belief in God to a superstition. For example, the achievement of external social security by the gradual control of inter-state relations and the maintenance of peace; the achievement of internal social security by means, for instance, of an expanding economy with full employment; the gradual liquidation of organizations like the Church of England by high taxation, low interest rates, and so forth; the spread of an appreciation of scientific method—with its criteria of proof and disproof, which relegate elfs and goblins to the limbo of superstition and encourage us to do the same for God; and the work of such excellent propagandists as Professor Ayer in breaking up the whole tradition. There is another complementary step that will also be required. Very baldly put, we should have to see to it that the children of the community are not mishandled in the course of their development, and so do not remain parent-dependent as adolescents. In such a community, then, a psychologist would probably not experience the old conflict about the belief in God, both because he will have acquired the new use of the word 'God', and because he would not personally need parent-substitutes. The tradition of a Heavenly Father would still be there, but he would not feel called upon to use it. The tradition will have become otiose—except as the resort of acknowledged cranks and eccentrics. It is hardly necessary for me to draw the attention of psychologists to the things that are being, and can be, done to ensure that infants and children grow up without being mishandled. The work of child guidance clinics, educational psychologists, the nursery schools, parent-teacher associations, and the very spread of knowledge among parents about psychological discoveries and their application—all these, and many other things, contribute in their different, minor or major, ways to produce well-adjusted adults who have no need to resort to the Heavenly Father that our tradition provides. By their own applied activity, psychologists are themselves assisting daily to make the religious tradition otiose.

But there is quite another way of resolving this conflict. This is to maintain our tradition and our use of the word God, and to arrest

[5] *Productive Thinking*, Ch. VII.

and to alter the psycho-social factors at work. I am not sure that anyone has ever suggested actually taking this alternative. But it is as well to note what we should have to do if we decide to adopt it. I imagine that we should have to return to a non-urban and pre-technological form of community. We should have actually to return to a type of medieval world, not merely to the ideology appropriate to one. We should have to restrict and gradually eliminate the teaching of science in schools and Universities, and, for instance, oppose the establishment of new schools of psychology at key places like Oxford, etc., etc. We should also be well advised to see to it that the pattern of family life is an authoritarian one, with the father the dominant figure, and that the individual is so handled as a child that he reaches adolescence as a rather unhappy specimen, requiring all the support, consolation, and guidance with which God the Father can provide him.

The Short-term Resolution, and the Value and Ineffectiveness of Reconciling Talk

These two alternative ways of resolving the conflict, however, are long-term methods. They will be of help to psychologists only in the future. What can be done to resolve the conflict experienced by a psychologist here and now? In general, as we all know, the most efficient thing to do is to make him aware of the nature of the conflict—to make him conscious of the factors that produce it. To do this adequately is a lengthy and difficult business. In this paper I have only pointed to the kind of thing that such treatment of his conflict will amount to, or look like. But such treatment may not be the most suitable for *all* psychologists. In particular, it may not be best for those psychologists to whom the conflict over the belief in God has some personal poignancy. These psychologists may not be able to 'take', or to 'stand' straightforward philosophical treatment such as I have offered in this paper.

What can be done for this kind of psychologist? The obvious thing to do is to help him to find some reconciling talk or language that allays the conflict for him. Thus, we can introduce him to the current literature in which Christians have tried to reconcile Freud and the Christian faith, and help him to choose some brand of reconciling language. Better still we can help him to construct a brand of his own in the course of studying the brands already offered. I say: 'Better still', because to construct a language for oneself is likely to give better protection and greater mental security than merely to reproduce someone else's talk. Here is one example of such a reconciling language—very briefly and inadequately expressed. 'We *can* accept both Freudian theory and the belief in God as soon as we notice that the former is only able to account for the spurious or immature, wish-fulfilling type of belief in God. There are, no doubt, far too many people who believe in God for wish-fulfilling reasons. But Freudian theory is not able to account for the genuine or mature religious conviction of adults who have reflected on the whole issue.' [6]

Though talk like this example has its value, it is not very effective. The general reason for this is that it only works by ignoring the sources of the whole conflict; and these sources continually threaten to emerge in philosophical objections to which there is no obvious comeback. Consequently, reconciling talk leaves its user in a relatively exposed and precarious position, defending a philosophical adjustment that he feels compelled to defend and yet never really feeling secure in his defence of it. Hence, in part, the anxious, worried energy that believers continually spend in protecting their belief. It is not difficult, for instance, to object to the example of reconciling talk I have just mentioned. The objection is analogous to the one I produced earlier to this line when Smith used it to reconcile Freudian theory with his 'genuine' or 'mature' and reasoned belief in fairies. As a theory in science, Freudian theory pigeon-holes 'God' with the 'fairies'. Hence it inclines us to say that the alleged reasons for his existence are not reasons at all, and therefore that there is no difference between genuine and spurious wish-fulfilling belief about God. When a person uses 'argument' or 'reasons' to support a belief in God, he is behaving like Smith when Smith uses 'argument', or 'reasons', in his transitional community to support his belief in fairies. So this reconciling line will only be of use to a person if he overlooks that, on Freudian theory, the alleged 'genuine' or 'mature' belief in God does not constitute an exception. Again, there is nothing to stop him overlooking it. There is nothing to stop him repressing his tendency to notice

[6] Cf. *Freud and Christianity*, by the Rev. R. S. Lee.

this semantic feature of his belief, and so giving this reconciling talk a limited and precarious value for himself.

But can a person reconcile Freudian theory and the belief in God in any way he wishes? Is there no one way that is correct or better than another? *There is no one correct way*, I think, for the same sort of reasons as there is no one correct metaphysic. These reasons are familiar to any student of philosophy. But is any one way better than another? If by ' better ' is meant ' more helpful psychologically ', ' better able to allay the conflict and give the person stability ', and so forth, then I doubt whether *one* way of talking is *generally* better than another. I doubt this in view of the fact of individual differences. For these differences lead to different verbal symbols having a different affective significance and tension-allaying capacity for different people.

I shall try to explain this point briefly. It is a commonplace that differences of constitution and personal history make certain situations emotionally arousing or satisfying to some people but not to others. These differences also make for variations in the character and intensity of the emotional responses of those who are aroused or satisfied. It is also a commonplace that the same applies to situations presented in symbolic form. Some of us are moved by Beethoven; others, including myself, seldom are. Some have a rich response to the products of the visual arts; others, including myself, have not. Some are moved by *The Cocktail Party*; others, including myself, are left quite cold. What, however, has not been sufficiently appreciated is that the same seems to be true of the verbal symbols used in traditional philosophical discussion. Whereas some were relieved by Whitehead's language, others were mystified. Whereas some were favourably stirred by Russell's distinction between ' hard and soft data ', or by Moore's commonsensical talk, others were irritated. Whereas some people fell hard for the verification principle, others were apparently shocked by it. And so on. I think we have good reason to suppose that the same applies to talk reconciling Freudian theory with the belief in God. If, therefore, we do the reconciling by distinguishing between the spurious wish-fulfilling belief and the genuine belief in God, we may allay tension and so satisfy *some* people, but others will be left unsatisfied. Some of these others may only be satisfied by saying, e.g. that even if belief in God is the result of wish-fulfilment, there is nevertheless a Reality corresponding to this belief. Yet others may only be satisfied by reaffirming that religious belief is ultimately based on an intuitive knowledge of God, to the validity of which empirical psychology is necessarily irrelevant. And so forth. Whether a particular talk does the job for an individual depends on whether it uses the symbols that happen to be tension-allaying, and so conflict-resolving for him. There is no reason to suppose that the same symbols will be generally relieving for most people in this conflict in our community at present. On the contrary, we have some reason to suppose that they will not. This is why I doubt whether any one line of reconciliation is generally better than another. Consequently, my conclusion is: You can reconcile Freudian theory and the belief in God in whatever way you find satisfies you.

An Important Example of a Reconciling Line

I shall now consider another, important example of reconciling talk in order to exhibit its ineffectiveness and certain implications of the diagnosis I have offered. ' We *can* accept ' so it might be said ' both Freudian theory and the belief in God as soon as we note the limitations of Freudian psychology. This, like any other psychology, assumes that a natural explanation is truer or better than any other, and that one explanation is better than two. These are assumptions that demand support, and the support available very soon runs beyond the limits of psychology.[7] In fact, Freudian theory has not established them; and they may well be false. So even if Freudian theory is true, it is unlikely to be the whole truth about my religious experience and belief in God.'

First Version of this line: ' Freudian psychology assumes that a natural explanation is truer than any other '

It is not difficult to object to this reconciling line. Consider its essentials alone. We are told, first of all, that Freudian psychology assumes that a natural explanation is truer than any other, and that this assumption needs support. But what kind of assumption is this? It looks as if Freudian psychologists are here doing the sort of thing that they do when they assume that the infantile experience of the individual is more influential in the forming of character than his later experience, or the kind of thing that a Gestalt theorist does when he supposes that isomorphism is true, and so forth.

[7] See Sir Frederic Bartlett, *Religion as Experience, Belief, Action.* Riddell Memorial Lectures, 1950.

This criticism of the Freudian contribution impresses us because it does look superficially as if Freudian psychologists are making just this kind of assumption. But quite obviously they are doing nothing of the kind. For whereas the assumption about the influence of infantile experience (or about isomorphism, etc.) is one that further psychological enquiry can help to establish, modify, or upset, the assumption that a natural explanation is 'truer' than any other cannot be established, or otherwise, by further scientific investigation. There is simply nothing a psychologist, or any other scientific worker, can do to confirm or disconfirm this alleged assumption. Nor, of course, is it like the assumptions continually made in everyday life, as for example: 'When I heard the ring at the door, I assumed it was Brown'; 'When I rang him up, I assumed without thinking that he would be there—otherwise I would not have telephoned'; 'Let's make the assumption that the weather will be all right for camping in October.' Well, then, what sort of assumption is it? The obvious answer is that it is like those philosophical assumptions that the sciences are alleged to make, for instance, the inductive assumption. This, no doubt, is the correct answer. But to say that the Freudian assumption is like the inductive assumption is to reveal at once to the knowledgeable that there is something very odd indeed about it. For the philosophers have shown in recent years that these 'philosophical' assumptions of the sciences are not assumptions at all.

How they have shown this is too long a story to go into here. It will have to suffice for me to point baldly to the source of the trouble. If we say that Freudian psychology is here making an assumption, which needs support, we shall find ourselves plunging into a philosophical wrangle of the usual kind. The Mills and Russells of this world will say, 'Yes, this assumption is justified', and will point to the features of scientific method that incline us to say this. Others, like the Hegelians and the Thomists, will say, 'No, the assumption is false', and will point to other features of scientific method that lead us to take this negative line. The source of this conflict lies in the fact that both parties to the dispute consider that they are arguing about 'a proposition'. The sentence, 'A natural explanation is truer than any other', looks like the sentence, 'Infantile experience is more influential than later experience.' But whereas the latter expresses a proposition, and so can be true or false, the former does not. It is merely a matter of industry to show this in convincing detail. Now, only sentences that express propositions can serve as assumptions. The sentence about natural explanations does not do so. Consequently it is not an assumption.

But if it is not a sentence, or statement, expressing a proposition, what sort of sentence or statement is it? The obvious, first-move answer is that it is a classificatory statement. Consider a Zande consulting the poison oracle.[8] It is clear that in employing this magical procedure to determine, e.g. the responsibility for illness, the Zande distinguishes between those procedures that are relevant to discover the facts here—to discover what is really the case here—from other procedures that are not relevant. He classifies the procedure of subjecting a fowl to the poison test as relevant to throwing light on the origin of a person's illness; and he would classify as irrelevant the procedure of a pathologist taking a blood specimen from the patient and examining it under a microscope. Accordingly, he also distinguishes between those statements that have a bearing on the origin of the illness and those that have not. He classifies a statement that is backed by the evidence of the poison oracle as relevant and so as throwing light on the nature of the world; and he would be ready to pigeon-hole a statement that is backed by the evidence of the pathologist as quite beside the point. That is to say, a statement obtained by the former procedure would be regarded as relevant; one obtained by the latter procedure as irrelevant. Likewise with a Freudian psychologist. It is clear that in employing the methods of contemporary science, he distinguishes between procedures that are relevant and irrelevant in discovering what is the case. He pigeon-holes the procedures of scientific method as relevant, and the procedures of magic, religious experience, reliance on authority, and so forth, as quite irrelevant. Likewise for the statements obtained by the procedure of scientific method, and the statements obtained by the other procedures. The Freudian psychologist, then, is also employing a certain classification; and—to put it roughly—the sentence 'A natural explanation is truer than any other' appears to be a misleading way of pointing out that he is doing so. Now the only relevant question about a classification is this: 'How useful or valuable is it? What is its worth?' Consequently, if all this is so, to say 'Freudian psychology assumes that a natural explanation is truer than any other' has to be construed as a shorthand and highly misleading way of saying: '(*a*) Freudian psychologists employ the classification used by scientific method, and (*b*) assume it is more useful than, and so better than, any alternative.'

Second Version of this line: 'Freudian psychology assumes that a natural explanation is better than any other.'

This takes us back to the second version of the reconciling line we are discussing. The second version objected to Freudian psychology on the

[8] See Evans-Pritchard, *op. cit.*

ground that it assumed that a natural explanation was *better* than any other, and that this assumption demanded support which soon runs beyond the limits of psychology. I am not at all certain what this second version means. One plausible interpretation, however, is that it means to assert a point we have just brought out, viz. that Freudian psychologists assume that the classification used by natural explanation (i.e. scientific method) is more useful and so better than any alternative. Let me suppose this interpretation is the correct one. Now consider this sentence 'The classification used by scientific method is more useful and so better than any alternative.' Let us call this sentence 'P'. Let us ask roughly: 'Can this sentence *P* be said to be true or false?' I think most psychologists and sociologists, if pressed, would be found to use this sentence in such a way that it was obviously capable of truth or falsity. Thus, a psychologist would be inclined perhaps to use it something like this. 'The question of which classification is the better surely depends on what kind of problem-solving behaviour is the better to employ. Should we use scientific method exclusively for solving problems? Or should we use some admixture of the scientific and the religious, as most of us do at present? If (ignoring cultural differences for the moment) it can be shown on investigation that, for example, the exclusively scientific is the most effective in general, then it would also be shown at the same time that the classification used by scientific method was the most useful to adopt. But, of course, this is all very vague and up in the air. The problem in question is probably not yet worth empirical investigation in the present state of psychology.' And so on. In short, psychologists and sociologists would use this sentence *P* to express a proposition and an empirical proposition at that. Consequently, it is quite correct to point out that Freudian psychology, like any other, *does* make an assumption here—it assumes that sentence *P* is true—and to point out that this assumption requires evidential support. So far, so good—the second version of the reconciling line is much better than the first.

But it is now said that the 'support available very soon runs beyond the limits of psychology'. If this means only that the support required to establish it runs beyond the evidence available *at present* in psychology (and the related sciences), then it is obviously true but unimportant. It is unimportant (*a*) because the evidence required may quite well turn up in the course of the next century or so and settle the matter definitively; and (*b*) because however poor the existing support may be *for* sentence *P*, the existing support *against P* and *for* any analogous sentence about religious procedures is even poorer. In any case, moreover, if we do take this version of the reconciling line, the consequences for belief in God seem to me to be so awkward that I predict it will fail to do any reconciling at all. For this version accepts empirical evidence as relevant. It agrees that we can establish empirically that Freudian psychology is not good enough to force us to treat the belief in God as an illusion, like the belief in fairies. We establish this empirically by establishing that sentence *P* is false. But to say all this is to make the existence of God a matter that can be empirically established (or disestablished) in this indirect manner. Surely, however, it is a commonplace that believers in God do *not* regard his existence as a matter that can be empirically determined, and do not treat belief in him as a belief that can be upset by the production of further empirical evidence. Consequently, if we can only reconcile Freudian psychology with belief in God in this kind of way, we shall be able to do so only by giving up some essential characteristic of the belief in God. It will then cease to do the kind of job for believers that it does at present.

On the other hand, when it is said that 'the support available very soon runs beyond the limits of psychology', this may mean that the support available and required to establish *P* soon runs *in principle* beyond the limits of psychology. But now this reconciling line becomes either uninteresting or false. It is uninteresting to maintain that Freudian or any other psychology uses an assumption, *P*, which psychology *itself* is incapable of establishing *if* it is the case that it is possible in principle to establish *P* by the use of scientific method in some other science or sciences. Obviously it is only if *P* cannot be established *by scientific method itself* that there will be any point in our saying, for example, that 'Freudian psychology cannot establish that the belief in God is a belief in an illusion.' Suppose, then, we widen the reconciling contention to read: 'The support available and required to establish *P* runs *in principle* beyond the limits of scientific method.' The reply to this is that it is just false. Sentence *P* reads 'The classification used by scientific method is more useful and so better than any alternative.' We have already seen that in order for *P* to function as an assumption of Freudian psychology at all, it has to function as an empirical proposition. Hence, just because it is empirical, it is within the competence of scientific method to establish its truth or falsity. Consequently, the reconciling contention in its wider form is false. There should be nothing surprising in this conclusion. It is generally recognized that it is an empirical business to investigate the function, and the effectiveness, etc., of alternative modes of thought—magical, religious, authoritarian, scientific, and so forth. It is just this kind of thing that one would be doing in determining the effectiveness of the classification or pigeon-holes used by scientific method. In short, when we apply scientific method to itself, it becomes clear that it is 'strong enough' in principle to establish its own superiority as a mode of adjustment.

A Reconciler's Reply: 'Scientific method cannot establish that we ought to adopt a naturalistic outlook'

At this point, however, the reconciler is able to make an obvious and very important retort. 'All that scientific method can establish about itself is this: *if* we use scientific method, and so also its classification, individuals groups and communities will be able to adjust more effectively—their problem-solving behaviour will be more efficient. What scientific method cannot establish is that individuals groups and communities *should* pursue this end of "effective adjustment" at all, and in preference always to any other end. It cannot establish this, since this is a value statement. So scientific method cannot establish that its own classification, and the naturalistic outlook determined by it, is the classification and outlook that is right or correct and the one we ought to adopt.'

I cannot deal here with the complexities of this important retort. I shall only mention some of the features of it that greatly reduce its effectiveness at the present time. The person who produces this retort is presumably asking for some reason why we should pursue the end of 'good or effective adjustment', or 'effective problem solving', etc. (whatever this may mean). To him it is a perfectly proper question to ask: 'But why should I adopt this method, and its corresponding classification, merely because this, the scientific method, is the most effective way of coping with any problem?' Let's call this question 'question *Q*'. He is saying that, if we use scientific method, we cannot produce the sort of reason required, and answer this question *Q*. Now when he asks question *Q* is his doubt a *genuine* one, or is it only a *philosophical* doubt? That is to say, is it like the doubt of the man who asks: 'But why should I go to London by aeroplane if I can get there, from door to door, just as quickly by train?—I don't follow you.' Is the doubt like this? Or is it like: 'But what reason have I for believing that the past can be used to predict the future?', 'But why should I suppose that the tree will continue to be when there's no one about in the Quad?'

If the person's doubt is a genuine one in question *Q*, then it is important to observe that, as soon as we discover this, we would not in fact go on to try to settle the doubt and discover a reason for adopting scientific method. Instead, we would cease arguing with the man and treat him as a psychopath. Naturally, for such a man is like the patient who asks a dentist: 'You say that the most effective way of stopping the pain is to pull out the tooth. But why should I have this done?—why should I try to stop the pain?' If we discover that the dentist's patient is in *genuine* difficulties here, we cease discussing the question with him and treat him as 'queer', as a man who has something wrong with him. Likewise, if a person is in genuine doubt about adopting a method that will admittedly enable him to achieve an effective adjustment, the natural thing to do is to stop discussing the matter any further and to regard him as 'queer'. Such a person would be psychopathic in that he would not have been 'socialized'. That is to say, such a person would be one who had failed in the course of his development to acquire those standards, attitudes, or values (whatever we wish to call them) by reference to which all questions of right conduct are discussed and settled. Consequently, if the doubt is a *genuine* one, question *Q* ('But why should I adopt scientific method?' etc.) ceases to be a perfectly ordinary and proper question. It is only an ordinary and proper question inside the outlook of the psychopath. But we would not normally say that scientific method was limited because it was unable to answer this question for the psychopath. On the contrary, it would be very odd to say that 'scientific method cannot establish for him that we should all try to achieve an effective adjustment'. For we apply scientific method to answer his question, not by establishing anything for him, but by trying to cure him of the psychopathy manifested in the question.[9]

On the other hand, question *Q* may only be the expression of a philosophical doubt—like that about the tree in the Quad. Here the person agrees that we should behave in such a way as to achieve the most effective adjustment, and simply asks what reason there is for doing so. He is merely pointing out that there is a further question to be answered here, and that we cannot answer it by the application of scientific method. What the philosophical doubter wants is 'a reason why we should always pursue the end of "good or effective adjustment"'. This looks a perfectly ordinary and reasonable request, just like the demand for a reason why we should always lead 'a righteous and sober life' and quite unlike the demand of the psychopath. But unfortunately this request is not an ordinary and reasonable one at all. It is just as odd as the request of the psychopath. When we usually or normally ask a question like: 'But why should I try to lead a righteous and sober life?', or 'why should I aim at a professional qualification?', or 'why should we introduce proportional representation in Great Britain?'—when we ask such a question as this, we are ready to accept as a good reason an answer of this kind: 'If you don't lead a righteous and sober life, you will make a mess of your life'; 'A professional qualification will ensure that you get a job commensurate with your abilities'; 'Proportional representation will enable all sections of opinion to be fairly represented in Parliament.' In short, we accept as a good reason one that assesses the value of the given end or course of

[9] On this whole topic of 'outlooks' and the analysis of theological statements see the symposia in *University*, Nos. 1 and 2, by A. G. N. Flew *et al.*

action by reference to some further end or consequence. But when we ask: 'Why should I always seek to solve problems effectively?', there is *no* further end or consequence available. No end that is suggested will do the job required of it.

Suppose, for example, we say: 'You ought to seek for an effective or good adjustment to any problem, because you will thereby contribute best to "your happiness" or "your well-being".' This suggestion is no good because these terms ('happiness', 'well-being', etc.) are, at best, confusion-producing synonyms for the end in question, viz. that of 'an effective adjustment'. Suppose, however, we say: 'You ought to seek for an effective adjustment because you will thereby contribute best to bring about "the general happiness of your community" or "the common good", or something of the kind.' Now in deciding whether to support proportional representation we are ready to agree that a case has been made out for it if it can be shown that proportional representation produces 'fair representation' of the electorate. That is, we accept 'fair representation' as an end; we are ready to use reference to it as a good, even if not a sufficient, reason for supporting proportional representation. On the other hand, if we say 'you ought to seek an effective adjustment because you will thereby contribute to the common good', our philosophical doubter will *not* be ready to accept this as a good reason for seeking an effective adjustment, and an answer to question *Q*. For suppose that it is, in principle, an *empirical* matter to determine whether an effective adjustment by an individual is in general the best contribution he can make to the common good, or general happiness, etc. Then the question raised by the doubter is one that can be answered in principle by the application of scientific method. But it is just this that our philosophical doubter denies—as we saw. Consequently the reason he wants as to why we should pursue the end of good adjustment cannot be of this kind. Moreover, even if he were to withdraw his objection at this point and admit that we might be able in principle to produce good empirical grounds for seeking 'a good adjustment', the further end we use to do this, that of 'the common good', will not help him. For he would maintain that precisely the same question arises about 'the common good' as arose about 'an effective adjustment', viz. 'Why should I always seek the common good?'. It is useless to produce as a reason for adjusting effectively that we thereby contribute best to the common good, if this reason raises exactly the same problem that it was designed to settle. Let us suppose, on the other hand, that it is *not* an empirical matter to determine whether, when you adjust effectively, you make your best contribution to the common good. Then this alleged implication will appear as part of the meaning of 'an effective adjustment'. That is to say, we will only call those cases of individual adjustment where the implication *does* hold cases of 'effective or good adjustment'. A glance at contemporary psycho-social theory leaves it quite unclear whether this implication is intended to function in an empirical statement or as part of the definition of 'effective individual adjustment'. If it works in the latter way, then it is pointless to produce the new end of 'the common good' as a reason for adjusting effectively, since this is now merely a misleading synonym for part of what we mean by 'an effective individual adjustment'. Consequently, on this use, to ask why each individual should seek an effective adjustment for himself is *also* to ask why each individual should seek to produce the common good. So, again, 'the common good' is no good as an end by reference to which we can assess the value of 'a good adjustment' and so provide a reason for always seeking to solve problems effectively. Nor is it any good saying: 'You should seek to deal with any given problem effectively, because you are then more likely to be able to deal effectively with the next problem that faces you.' Even if this is true, it is of no use, since the original question merely recurs about the next problem—'Why should we try to deal with that most effectively?' What is wanted is a reason for pursuing this end of 'effective adjustment' in dealing with *any* problem, immediate or remote. Nor is it any good saying: 'You should try to deal with any given problem effectively, since the *total* consequences of doing so make it better than those that ensue from pursuing some other end.' This is no use, since it is not the case that, while some consequences of adjusting effectively are good, others may make us hesitate about doing so. Hence it is quite unlike the case of proportional representation where one set of consequences (e.g. electoral fairness) makes us inclined to achieve it, whereas other consequences (e.g. party fission) make us hesitate about pursuing it.

I hope it has become apparent by now that there is something very odd indeed about question *Q*, about the request for 'a reason as to why we should always pursue "a good or effective adjustment", as an end or course of action'. We cannot find a further consequence by reference to which this end or course of action can be justified. The reason for our failure, I think, is that 'a good or effective adjustment' is *itself* not an end or course of action at all. If I am right, then naturally we cannot find any *further* consequence by reference to which we can justify the pursuit of it. The request for a justification presupposes that 'a good or effective adjustment' is an end or course of action just like proportional representation or temperate behaviour. And this presupposition is a mistake. To seek to solve any problem effectively is *quite* different from pursuing proportional representation as a political goal, or from leading a temperate life as a course of action. Unfortunately it would take too long to exhibit these differences here.

If all this is so, however, it follows that the

philosopher's request for a reason why we should always seek an effective adjustment is just as odd as the psychopath's request, and odd in the same kind of way. Just as the psychopath fails to distinguish between the demand for a reason for going to the dentist and for a reason for relieving his pain, so the philosophical doubter fails to distinguish between the demand for a reason why he should support proportional representation, and for a reason why he should seek to deal with problems effectively. While the psychopath fails to distinguish these demands because he has not been socialized, the philosopher fails to distinguish them because he has not learnt to discriminate between the different semantic features of these two demands. When he demands 'a reason for' supporting proportional representation, we know how he is using the expression 'a reason for'. But when he demands 'a reason for' coping with problems effectively, he is producing a very different kind of demand, and neither he nor we know how he is now using the expression 'a reason for' (or 'a reason why we should'). He goes on, however, to produce this request because he has not discriminated the differences between the two demands, and so has not noticed that his request for a reason for adjusting effectively is a pathogenic one. Moreover, we answer the psychopath's question by trying to cure him of the psychopathy manifested in his question. Likewise we answer the question of the philosophical psychopath by freeing him from his compulsion to demand 'a reason' for adopting effective problem-solving behaviour. We do this by helping and teaching him to draw the verbal discriminations that will set him free.

Can we make the Reconciler's Demand for a Reason Potent in the long run?

Now let us return to the belief in God and the attempt to reconcile it with Freudian psychology. The attempt was made to reconcile them by demanding a reason for the use of scientific method. 'Even if scientific method, with its naturalistic pigeon-holes, is the most effective way of coping with any problem, why should we use it?' This attempt is important because it implies that, as there is no generally acceptable reason for using scientific method, we are not obliged to adopt its naturalistic pigeon-holes and reject belief in God as superstition. On the contrary, it implies that we are quite free to supplement or correct (in some way) the naturalistic 'outlook' by means of the religious. Now, while I have not examined this attempt at reconciliation at all thoroughly and adequately, I hope I have said enough to reduce its effectiveness considerably. For I have tried to exhibit the inappropriateness of this demand for a reason. Scientific method in general is not the kind of thing that we can, or cannot, be obliged to adopt by producing a reason for or against it. In the inappropriateness of this demand lies the source of the philosophical objections that will make this reconciling line ineffective at present for psychologists, and indeed for many others in a Western community. Moreover, if all this is so, then it follows, crudely put, that the only people who will be at all inclined and so free to supplement or correct the naturalistic 'outlook' will be the psychopaths—both of the ordinary and the philosophical kind. Likewise, these will be the only people who will boggle at whole-heartedly accepting the naturalistic classification and at rejecting the religious.

But though this reconciling line may be ineffective at the present time, in a country like Great Britain, is there anything that can be done to make it generally effective in the long run? The account I have given obviously suggests that there is one very useful thing we could do. We could educate our children so as to produce philosophical psychopaths who will resist the application of scientific method —that is to say, the application of linguistic analysis, diagnosis, and interpretation. They may resist this application to their philosophical difficulties as a whole, or only to the difficulties connected with their religious beliefs. To bring about this result we should have to arrange the family and environment of the child in such a way as to produce a community of involuted, unspontaneous, parent-dependent and generally insecure adults. At the same time, we should try to see to it that, as children or adolescents, they come to relieve their insecurity to some extent by means of religious belief; and, further, that this belief becomes 'fixated' as a tension-relieving disposition. In these ways we would do something to ensure that for most people religious belief becomes part of their 'deep-seated' personal defences against insecurity and anxiety. We could then expect some of them to resist the application of linguistic analysis to all philosophical questions. This is what some Christian Existentialists appear to do at present. We could expect others among them to accept the application of linguistic analysis to those philosophical issues where its application does not produce anxiety by threatening to upset their personal defences. We could expect these same people to resist such application where it does threaten

their defences. They will resist by rigidly ' dissociating ' the two sets of issues, those where they accept the application of scientific method and those where they do not. The former will be the non-religious issues and the latter the religious. Such ' dissociation ' is just what some linguistic philosophers themselves appear to be practising at present.

Clearly, if we were to succeed in producing a community of philosophical resisters, we should have a community where, *ceteris paribus*, people would be very ready to talk the brand of reconciling talk we have just been examining, as well, no doubt, as other brands. In this kind of community this brand would be security-producing and so generally effective. But why *should* we aim to produce a community of people who will resist the application of scientific method (or linguistic analysis) to their philosophical difficulties? Is the only advantage of this policy to be found in the fact that we can thereby obtain a community in which religious belief can be reconciled with the naturalism of scientific method? If this is the only advantage of the policy then there is nothing much to be said for it. It evokes the obvious objection: ' But why on earth go out of your way to produce insecure children and adults, etc., merely in order to give religious belief a job to do and so save it from being rejected as superstition? ' In other words, if religious belief can only be saved at the cost of producing a community of insecure children and adults, then it is not worth saving. Far better that it should be discarded as superstition. In any case, however, it would be generally admitted that the policy of educating for insecurity in a country like Great Britain at present could only be carried out by using the apparatus of a super-totalitarian state. Consequently, if we exclude the use of totalitarian methods, it would seem to be impossible in practice to turn Great Britain into a community that will resist the application of linguistic analysis to its philosophical difficulties.

I wish to end as I began—by emphasizing how much of what I have said presents a caricature of the work of psycho-analysts, psychologists and philosophers. I only hope that by means of this caricature I have been able to exhibit sharply some of the issues that need to be faced at the present time.

(Received 9 April, 1952)

DISCUSSION

EDITOR'S INTRODUCTION

From the following statements by Mr. Kenji Ohtsuki and Dr. James Clark Moloney the reader will see that a controversy has arisen between the two writers on the character and function of psycho-analysis in Japan. Mr. Kenji Ohtsuki is one of the translators of Freud's works into Japanese and the editor of the *Tokyo Journal of Psychoanalysis*, now (1954) in its twelfth volume, published by the Tokyo Institute of Psychoanalysis, Nisninasuno, Tochigi, Japan. Mr. Kenji Ohtsuki's name does not appear in the list of members of the Sendai Psychoanalytic Society, given in the 108th Bulletin (1954) of the International Psycho-Analytical Association; there twenty-two members are listed, of whom all but four seem to be medically qualified; Dr. James Clark Moloney is a member of the American Psychoanalytic Association, and says in his book, cited later, that he visited the Japanese islands twice in the 1940s.

The Editor is glad to give Mr. Kenji Ohtsuki an opportunity to state his objections to some of Dr. Moloney's conclusions, but unfortunately, owing to language and other difficulties, his manuscript could not be published as received. The Editorial Committee have therefore prepared an abridged transcript which they sincerely hope contains the gist of the main arguments which the author wishes to present. In accordance with custom in scientific journals, Dr. James Clark Moloney has been invited to make a final reply (to the original manuscript).

The Editor would like to take this opportunity of reminding members and readers of this Journal that it is the policy of the Editorial Committee to print such controversial discussions only in exceptional circumstances, since they seldom lead to any positive advance in theory or practice. In general, corrections of misstatements, etc., should be made in a *Letter to the Editor*, e.g. Vol. **32**, 1951, p. 338. It should, however, be emphasized that the pages of this Journal will always be open to any serious worker who has a contribution to make to our science or to its various applications.

Editorial transcript of:

THE MISUNDERSTANDING OF JAPANESE PSYCHO-ANALYSIS.

A PROTEST AGAINST VIEWS EXPRESSED BY DR. J. C. MOLONEY

By KENJI OHTSUKI, Japan

The article by Dr. James Clark Moloney entitled ' Understanding the Paradox of Japanese Psycho-Analysis ' (this *Journal*, **34**, 1953, p. 291) was a shock because it seemed to present such a distorted picture of the state of psychoanalysis in Japan. I was the more distressed inasmuch as it appeared that my long-continued and sincere efforts to further mutual understanding between nations had been useless. I should like to protest against some of Dr. Moloney's statements.

(1) Dr. Moloney's references are out of date and biased, presumably because they are mostly from work published during the war when Japan was, so to speak, ' beside herself '. Moreover, the text and illustrations of advertisements in the *Tokyo Journal of Psychoanalysis*, advertisements that have no connection whatever with its scientific contents, are treated as if they had some inevitable correlation with our scientific views. The main subject of discussion, *Kokutai no Hongi* (Cardinal Principles of the National Entity of Japan), was compiled by official writers, under the supervision of the war-time Department of Education, with the military-political purpose of controlling public opinion. It is definitely not a book that should be regarded as a fair representation of Japanese thinking in general.

(2) Long passages of several of my war-time articles are given in translation. These were intended as criticism of the attitudes of mind inculcated by *Kokutai no Hongi*, but Dr. Moloney uses them to imply that I shared the views with which I disagreed. This is the more astonishing to me in view of Dr. Moloney's former commendation of my protest against the then Minister of Education. A letter from him

printed in the January, 1952, issue of our Tokyo *Journal* contained the following passage:

'I should like to commend you for your bravery in having written the article *Re-education of Japanese National Traits*, in the April-May 1941 issue of *Seishin Bunseki*. It was a most interesting and daring article. How were you able to write it without getting into trouble with Ito Enkichi, of the Ministry of Education? I was also very much interested in *Traits of Japanese Character and their Cause*, in the July-August issue of the same journal. I have been interested in a number of your articles, but these two, especially, impressed me with their frankness.'

Now, to my embarrassment, Dr. Moloney seems to align me with the authors of *Kokutai no Hongi*. I do not, of course, underrate the significance to us of our State and nationality, any more than normal, sound Americans would deny that of their own. What I tried to point out were some of the illusions and misconceptions entertained about our State and nationality. It would seem that Dr. Moloney has failed to discriminate between my admission of the existence of some of these illusions and my sharing of the visionary idealism which was the subject of my criticism.

(3) Dr. Moloney assumes that most Japanese analysts compel their patients to obey their parents unconditionally. This is a rash assumption. In my book *Character and Will* I advised my readers no longer to regard their parents as parents but as fellow men and women. So long as they continue to look upon their parents as parents they will retain their childish mentality and never acquire individual independence. We do not, however, force our patients into reckless rebellion against their parents. My recommendation not to regard parents as parents is intended to obviate useless oedipal conflicts between parents and children, by way of analytical understanding of elders as fellow human beings. Inasmuch as parents are not the direct subjects of analytical treatment, we can influence them only indirectly through the direct treatment of patients, which does not mean advising those patients to look upon their parents as absolutely sacred.

Dr. Moloney remarks that T. Muramatsu is critical of the 'wild' procedure of an analyst (H. Kosawa) who recklessly encourages oedipal strife between patients and parents. I also disagree with Kosawa's procedure inasmuch as it does not help to sublimate the patient's Oedipus complex, but rather to encourage and exacerbate it.

(4) Dr. Moloney assumes that the Japanese lay stress on nationality and underrate individuality, whereas the Americans do the opposite. This is a new instance of the Western mode of thinking in two contrasting concepts—the very mode to which I have often referred in our own *Journal* and requested my Western colleagues to consider.

Nationality and individuality may stand in contrast in one sense, but not in another. It is possible to be a good National and a good individual. Presumably Dr. Moloney does not find that being a good American and being a good individual are incompatible aims. But if nationality has been too much emphasized to the detriment of individuality, then the individual must revolt against suppression and oppose the inordinate claims of nationality. This is why I protested against the unreasonable approach of military dictators in terms of nationalistic morals.

I am neither ashamed nor proud of being Japanese, but I love many traits of the Japanese people and the merits of our traditional culture. This does not mean that my approach to foreign cultures is negativistic. At first we accepted the Freudian doctrine in its entirety; and to-day we still accept and find justified almost all the basic principles of Freudian science. No culture or doctrine, however, can avoid reflecting to some extent the specific traits of the country, State, and era of its origin, and Freudian science is no exception to this rule. When it was imported into America it became more or less Americanized; in the same way, when it was imported into Japan, it naturally tended to become gradually Japanified. Is it justifiable to assume that the American version is an absolute standard and all other modifications perversions?

(5) Dr. Moloney reproaches the Japanese for looking up to their *Tenno* (not Emperor) as their superego, but in any country, at any time, the sovereign of the country is looked up to by the people as their superego or its symbol. This is a fact, whether good or not. The English look up to their King or Queen as their symbolical superego, and the Americans to their President, as Dr. Richard Sterba showed in his 'Report on some Emotional Reactions to President Roosevelt's Death' (*Psychoanal. Review*, **33**, 1946).

There are people whose individuality is so well defined that they do not seem to feel any need to project their superegos on to an ex-

ternal object but, in general, it is more usual for ordinary people to tend to look up to their sovereign as the common symbol of their superegos. Hence the tendency of the Japanese to look up to their *Tenno* as their superego-symbol is in no sense an enigmatic peculiarity in them.

I frankly admit that, during the war, our military dictators tried to make the *Tenno* more than a symbol and to impose him on the people as their superego itself, an attempt which men of education had to resist. But this type of distortion may be found anywhere in war, and Dr. Richard Sterba showed in the Report mentioned above that America was no exception, and that President Roosevelt's idolization after his death distorted him in a similar way into an American superego.

(6) Dr. Moloney assumes that the Japanese have been taught democracy by the Americans since the truce. But an American military officer who came to Japan as an administrative councillor discovered with surprise and admiration the former existence of a great democratic thinker and practitioner, the peasant-sage Sontoku Ninomiya. There was also another great democrat, Yukichi Fukuzawa, a famous thinker and teacher, who founded the present Keio University and whose very widely known motto was ' Individual independence and self-respect '. The good effects of his wise teaching are not yet extinct, but were obscured during the war by the military dictatorship. The temporary state of affairs under this dictatorship should not be thought of as a permanent condition natural to Japan. We are glad to find that our native type of democracy is coming into its own again since the withdrawal of the American armed forces.

(7) Dr. Moloney concludes that Japanese nationals and analysts are all ' living cells which constitute the single body that is the person of Japan '. But how could the organization of a national entity ever correspond exactly with the cellular constitution of an organism? At any time and in any country a society must exhibit some degree of organization, but it can be only a collection of relatively independent individuals. Organization of such a collection into a complex but united entity with a minimum of conflict between its members results in the kind of community that may be called a good society or a sound nation.

The American nation is an accumulation of individuals of differing racial origin and may, therefore, have a correspondingly low capacity for organization, in the sense of achieving a closely knit, highly integrated society or national solidarity. Japan, on the other hand, is an old nation with a long tradition; hybridization between the various strains in its population is much further advanced, and its society is accordingly more highly organized. There are fewer obstacles in the way of national solidarity. These differences between America and Japan are explicable on sound sociological grounds and are not a matter for condemnation or caricature.

DR. JAMES CLARK MOLONEY'S REPLY:

Mr. Kenji Ohtsuki questions and contradicts many aspects of my paper ' Understanding the Paradox of Japanese Psycho-Analysis ' that appeared in Vol. **34**, Part 4 (1953), of the *International Journal of Psycho-Analysis*. I have been afforded an opportunity to read and to reply to Mr. Ohtsuki's criticisms.

In reading Ohtsuki's criticisms I again became aware of the type of ethnocentricity that blocks communication. Instead of a laborious item by item discussion of Ohtsuki's position, I desire to offer instead my book, *Understanding the Japanese Mind* (New York: Philosophical Library, 1954). This considers in detail, and I think answers, many of the queries raised by Ohtsuki. For those who are not too interested in the real significance of the Ohtsuki-Moloney polemics, I suggest that they read chapter 12 of this book.

In addition to the material referred to, the following is pertinent: ' As mentioned previously, I have submitted a number of questions about their practices to my Japanese psychoanalytic correspondents. One response is of particular interest here as an indication of the unconscious syncretization still to be seen in Japanese psycho-analysis. To the query, " Do you know of any new methods or techniques used by Japanese analysts which might be employed to advantage by American analysts? " I received negative replies from all but Mr. Ohtsuki, who wrote: " I use . . . moxa-therapy (a stimulus therapy). Moxa-therapy is a classical Japanese medical method. I think it is a milder form of shock therapy." Since moxa-therapy consists of the burning of the soft, downy substance from the leaves of certain plants on the patient's skin, it appears highly unlikely that American analysts would consider this technique

something they wished to borrow from the Japanese. But the point of interest here is that the technique is, as Ohtsuki says, " a classical Japanese medical method ". It has, in fact, been in use in the Orient for centuries. Thus we have a clear example of the perpetuation of a very ancient Eastern method, and syncretization of this method with Western psycho-analysis, which is little more than half a century old. Observe, too, that Ohtsuki speaks of it as " a mild form of shock-therapy ". Shock-therapy is considered in the Occident as a part of psychiatric rather than of psycho-analytic treatment; it is never used in psycho-analysis ' *loc. cit.*, p. 252).

FELIX DEUTSCH, M.D.

HELENE DEUTSCH, M.D.

ON THE OCCASION OF THEIR SEVENTIETH BIRTHDAY

[To face p. 209.

For annotation see Vol. 35, p. 377

For annotation see opposite page

TO

HELENE DEUTSCH

ON HER SEVENTIETH BIRTHDAY

The news that Helene Deutsch has joined the small group of septuagenarians amongst the pioneers of psycho-analysis will no doubt come unexpectedly to most of her friends, old and new.

Those who have met her in recent years will find it hard to reconcile the traditional image of three-score years and ten with the impression of her to which they have become used; with the charm and resilience, the energetically forward-driving mind and the courageous perspectives they admire in her. Her old friends are privileged to add that all this has hardly changed over the years, except inasmuch as the imprint of rich experience and the wisdom which it engenders have added new shades of autumnal colouring.

Helene Deutsch's place in psycho-analysis is a singular and clearly defined one: her work is that of the great clinician.

In this age of unavoidable and, sometimes, fruitful specialization amongst analysts the word *clinician* cannot stand without comment: in the context in which I use it, it designates not a field, a ' speciality ', but an approach.

The clinician, as the name applies to Helene Deutsch, is not only one who deals with nosology, with groups of afflictions. She has excelled in this, and for three decades her classical case histories have remained models of analytic work. But she is a great clinician in a much wider sense, a sense germane to psycho-analysis. She is a clinician of psychological understanding. Whether she deals with phobias, obsessions, anxiety states, manic-depressive disorders, the affective proclivities of schizoid personalities or normal affects, with happiness or grief, satisfaction or distrust; whether she deals with the pathological liar, the scurrilous phantast, the passionate sportsman or the prophetic virgin, the sick or the well, her approach is one and the same: the psychological essence of the case is laid bare.

Those who know from clinical conferences how Helene Deutsch's mind works have always been amazed at the unmatched speed with which the data placed before it seem to flow into configurations, and by the intuitive assuredness with which she seizes on the relevant factors. Hence her ability to incorporate into psycho-analytic thinking a wide range of communications. Here, where we cannot even attempt to enumerate the many and crucial sectors of psycho-analytic knowledge which we owe to Helene Deutsch's work, it must suffice to recall that she is the author of by far the broadest and richest monograph in psycho-analytic literature; a treatise whose readers are fascinated by the scope of the problems and perspectives which its author develops. The data she used in her *Psychology of Women* are gathered from psycho-analysis, from the psychiatric clinic, from social case work, from historical and anthropological reports, and from literary works. Some of her most brilliant theses are illustrated and epitomized by the analysis of characters in fiction. I know of no other psycho-analytic writer who has used poetic intuition in a clinical context so effectively and so consistently.

The scope of her interests clearly reflects the influence of her teachers. But the tradition of Freud and Abraham has been expanded and enlarged in her work. The outstandingly fruitful synthesis of descriptive acumen, therapeutic zeal, and passionate devotion to psychological understanding, the courage to see the new in the familiar which characterizes her work, is needed in the future. At a time when in psycho-analysis routine threatens to gain ascendancy, when mechanization endangers the belief that the psycho-analyst can find the new by his own methods and in his own way, Helene Deutsch's place is in the vanguard.

It is in this sense that it is my privilege to greet the youthful septuagenarian, on behalf of her friends and her pupils.

Ernst Kris.

OBITUARY

CLARENCE P. OBERNDORF, M.D.
1882–1954

With the death of Dr. Clarence P. Oberndorf in New York City on 30 May, 1954, psychiatry and psycho-analysis lost one of their most esteemed pioneers. For almost fifty years he was in the forefront of the progressive development of psycho-analysis in Europe and the United States, and his active participation continued until the time of his death.

Obey, as he was affectionately called by his many colleagues and friends, was born in New York City on 16 February, 1882. His family lived in the small village of Selma, Alabama, but because of the difficulties his mother had experienced in five previous pregnancies, it was thought advisable for her to be under the care of an obstetrician in New York City. Her labour at this birth, however, was no less arduous than at the previous ones. As soon as she was able to travel, she returned to Selma, Alabama, with her infant. In a short autobiography, Obey states that he was extremely ill during the first years of his life and that he survived only because of the extreme devotion of his Negro wet nurse and the conscientious medical care which he received from the small-town doctor.

Obey attended the small local school from the year he was six until he was eleven. At that time his father died and the family moved to New York City, where Obey again entered a State school. In retrospect, he considered himself fortunate in not having been sent to a private school, for he felt that the competition and contact with people from all walks of life gave him a better foundation and preparation for his future profession than the narrow, restricted existence of Southern village life or a cloistered private school could possibly have contributed.

After Obey's graduation from elementary school, the family moved to Munich, Germany, where they lived for approximately a year. It was there that he gained the proficiency in the German language which he found so invaluable as a physician. Munich left an everlasting impression on the adolescent, and Obey repeatedly attributed his love of and attitude towards life to the easy pace that he observed in the local inhabitants there. We who knew Obey became aware of the impact Munich had had on him when we were together at the social functions and collations which usually are a part of medical conventions and meetings, of whatever size and scope, as well as at social gatherings not professional in purpose.

When he was fifteen years old, Obey returned to New York City and entered Mt. Morris State high school as a sophomore. In high school he participated actively in sports, but his primary non-academic interest was in journalism. This latter drive was fully gratified when he was allowed to serve the local Bronx newspaper as its correspondent for activities pertaining to the high school. He entered Cornell University in 1900 on a New York State scholarship and in his freshman year enrolled in a few courses for which he could obtain credit towards a medical degree. There is no doubt that there is a great deal of validity in the thought that he occasionally expressed: that he was very much influenced in this decision by his reading of Balzac's *Country Doctor*.

Obey's interest in journalism, however, appeared to be paramount, and he immediately became a member of the staff of the *Cornell Daily Sun*. Other extra-curricular activities included athletics. In the beginning of his junior year, he was keenly disappointed by his failure to become the managing editor of the *Cornell Daily Sun*; thus his interest in journalism as a profession dwindled. Although he was elected editor of the *Cornell Era* at the end of his junior year, the decision to become a doctor of medicine had been made.

In order to understand Obey it is essential to note an important incident which occurred at the end of his sophomore year. Dr. Martin B. Tinker offered a prize for the best treatise on hand disinfection procedures. Obey's article was considered exceptionally good and Dr. Tinker had it published in the *New York Medical Journal*. That summer, Obey was permitted to

assist Dr. Tinker, who was chief surgeon at the Clifton Springs Sanatorium and a pioneer in operating under local anaesthesia. Obey often referred facetiously to his experiences in the operating room, where Dr. Tinker found his clumsy fingers of little help. As part of Dr. Tinker's operative procedure, however, Obey was found to be extremely effective in talking to the patient during the operation. This rôle became his regular assignment, and it may have been the first time that Obey became conscious of his natural ability to put a patient at ease. Obey was so impressed with his results that he entered the junior year more firmly determined to follow medicine as a profession and with some thoughts pertaining to psychiatry as a specialty.

In his senior year at medical school, lectures in psychiatry were few. They were given by Dr. Adolph Meyer, who at that time was recognized and accepted as the most progressive psychiatrist in the United States. At his first sight of Dr. Meyer, Obey was consciously amazed and startled at the professor's resemblance to his father. It was not until many years later, however, that Obey became aware of this unconscious influence as it related to his identification of Meyer with his father and the subject that Meyer taught. Obey's conviction that he had been wise in choosing medicine as a profession and his growing interest in psychiatry crystallized during the two-year internship at Bellevue Hospital which followed his graduation in 1906 from Cornell Medical College. He often recalled with embarrassment and shame his participation during those years in the then-accepted treatment of patients with nervous disorders. The very humiliation that he experienced at Bellevue, however, made him eager to seek a more rational psychotherapeutic approach.

After completing his internship, he deemed it advisable to supplement his American medical training with additional studies in Europe. He was accepted as a volunteer on the neuropsychiatric service of Dr. Theodore Ziehen at the Charité Hospital in Berlin, and a few months later he received a similar appointment at the Psychiatric Clinic directed by Dr. Emil Kraepelin in Munich. Although the atmosphere of Kraepelin's clinic offered a welcome relief from the strict rigidity of Berlin, the approach was similar to that at the Charité in that it was confined chiefly to the description of symptoms rather than to the psychodynamics of mental disorders.

In May, 1909, Obey returned to New York 'better instructed but neither stimulated nor inspired by the psychiatry I had seen in Europe'. Acting on the advice of Dr. Menas Gregory, he obtained a residency at Manhattan State Hospital on Ward's Island. This institution was then considered the centre of the most advanced psychiatric training in the United States. Here he found a group of serious-minded, brilliant men who manifested great enthusiasm for the 'new' dynamic psychiatry. Chief among these was Dr. Adolph Meyer.

Obey served as a full-time interne for approximately five months and then was granted permission to continue on a half-time basis, thus gaining the opportunity to open a private office which was primarily devoted to the practice of psycho-analysis.

It was during this early period that he first met Dr. A. A. Brill, and a lifelong personal as well as medical friendship developed.

On 2 March, 1911, under the leadership of Dr. Brill, and with Obey as one of the founder-members, the New York Psychoanalytic Society received its charter. A few months later the American Psychoanalytic Association was founded, with Dr. J. J. Putnam as its president and Dr. Ernest Jones as its first secretary. These two societies with their small membership offered a fertile field for the national growth of psychoanalysis. The New York Psychoanalytic Society continued to meet regularly, although during World War I some of its activities were necessarily curtailed.

The American Psychoanalytic Association, on the other hand, did not meet during this critical period. At the first annual meeting in 1919, the hostile feeling towards anything European which was prevalent in the United States seriously threatened the existence of the Association. The membership was equally divided on the question of dissolving the organization, but no action was taken. At the spring meeting in 1920 the subject was again discussed in a bitter and acrimonious atmosphere. It was Dr. Adolph Meyer who addressed the meeting in the midst of the debate and, in his quiet voice, swayed the vote for the continuation of the Association, a move in which he was strongly supported by Obey.

It is also significant that it was in 1919 that Dr. Ferenczi, then president of the International Psycho-Analytic Association, made particular reference to the 'remarkable increase' in psycho-analysis in America and England and therefore thought it advisable to establish an

official organ of the International Psycho-Analytic Association. He invited Dr. Jones to undertake the task. Obey was offered and accepted one of the associate editorships of this new quarterly, which remained the official publication of the International Psycho-Analytic Association until 1950.

As Associate Editor of the *International Journal*, Obey had the opportunity to keep abreast of the development of both the theory and the clinical application of psycho-analysis. From then on he was constantly alert and ever ready to give much of his energy to the task of building a harmonious understanding between the American and European societies. In the United States he served as chairman or as a member of leading committees of psycho-analytic, psychiatric, neurological and medical associations. During his span of life he held many positions of trust and honour, most of which are listed below. His early interest in journalism was reflected in the publication of more than 120 scientific papers, in his stories, and in his psychiatric novels of Oliver Wendell Holmes.

During his affiliation with Manhattan State Hospital, Obey had become preoccupied with the advantage that ambulatory patients and others in a general hospital would receive from the establishment of an out-patient clinic devoted exclusively to psychiatric patients. He succeeded in making such arrangement with Mount Sinai Hospital in April, 1913. A few years after the opening of what was originally a one-man clinic Obey attracted to this service men who were psycho-analytically oriented as well as qualified psycho-analysts. The scope of their consultations and activities in the hospital broadened and the residents of the hospital, particularly those on the neurological service, became aware of the importance of psycho-dynamic orientation, and many chose psychiatry as their specialty.

On this clinic Obey, the pioneer, found the ideal setting for the practical application of psychodynamic psychiatry to social problems. Various community organizations availed themselves of the services of this clinic, and as a result of this influence within a few years created their own psychiatric units.

He remained at Mount Sinai Hospital until his resignation in 1939, and the foundation for the present psychiatric service of this hospital can be attributed to his early endeavours.

It was while at Mount Sinai Hospital, in 1919, that he became actively interested, with Dr. Israel Strauss and others, in the establishment of the Committee for Mental Hygiene among Jews. Obey felt that without an understanding of the traditions and culture of a particular group the ' effectiveness of psychotherapy would inevitably be weakened '. A few years later this committee founded what is now known as the Hillside Hospital. From its inception until his death Obey was an active constructive member of its Board of Directors.

Another activity in which Obey took great pleasure and to which he devoted much time and effort was his association with the Hebrew Sheltering Guardian Society at Pleasantville, New York. In 1925, he had been invited to establish and direct psychiatric activities for this organization. His work there remained a source of enjoyment to him until the time of his death; one of many examples of the deeply sincere interest he felt in every patient and individual.

As one who was closely associated with Obey for more than thirty years, I should like to stress some of those human qualities which are so often masked in a man pursuing a scientific career. A gentleman, a raconteur, and one who loved life, Obey had the faculty of making many friends and enjoyed maintaining his relationship with them regardless of geographical separation. One felt completely at ease in his presence, no matter what one's age or status.

With his patients, Obey never forgot that he was primarily a physician. He was sensitive, kind, understanding, and persisted in his attempts to alleviate the suffering of those who consulted him. Obey, as a profound student of Oliver Wendell Holmes, found himself a living exemplar of the doctor in Holmes's address on Practical Ethics of the Physician to the medical graduates of Harvard University at the annual commencement on 10 March, 1858:

' Your conduct in the sickroom, in conversation with the patient or his friends, is a matter of very great importance to their welfare. . . . The manner in which a medical practitioner may operate with his tongue is a much more dangerous instrument than the scalpel or the bistoury. Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children. You think little of them but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be

sent for to clean out the stomach you have so unwittingly filled with trash. It is a task not so easy as it was to give them the means of filling it.'

With the death of Obey we who knew him well have lost a loyal colleague and a devoted friend. Many will find comfort in the thought that to live in the memories that one leaves behind, is not to be gone.

Dudley D. Shoenfeld.

Clarence P. Oberndorf: List of Appointments

Co-founder New York Psychoanalytic Society 1911.
First Chairman Educational Committee, New York Psychoanalytic Society.
Founder American Psychoanalytic Foundation.
Secretary American Psychoanalytic Association 1922 and 1923, 1927–30.
President New York Psychoanalytic Society 1917–20.
President American Psychoanalytic Association 1924 and 1936.
Chairman Committee on Public Information, New York Psychoanalytic Society 1941 to death.
Brill Memorial Lecturer at the New York Psychoanalytic Society 1949.
Associate Editor International Journal of Psycho-Analysis from its inception to his death.
Vice-President International Psychoanalytic Association 1936.
Adjunct Psychiatrist Mt. Sinai Hospital 1913–26.
Associate Psychiatrist Mt. Sinai Hospital 1926–39.
Consulting Psychiatrist Mt. Sinai Hospital 1953 to death.
Clarence P. Oberndorf Visiting Psychiatrist Programme at Mt. Sinai Hospital which was established just prior to his death, May 1954.
Clinical Instructor in Neurology and Chief in the Neurological Clinic at Cornell University Medical School 1917–22.
Adjunct Neurologist Bellevue Hospital 1915–22
President New York Society for Clinical Psychiatry 1938–40.
President Schilder Society 1943–45
President American Psychopathological Association 1953 to death.
President New York State Hospital Medical Alumni Association 1953 to death.
President New York Neurological Society 1943
Secretary Section on Neurology and Psychiatry of the New York Academy of Medicine 1932–33.
Chairman Section on Neurology and Psychiatry of the New York Academy of Medicine 1933–34
Member Committee on Medical Information of the New York Academy of Medicine 1941 to death
Consulting Psychiatrist and Member of the Board of Directors of the New York Jewish Child Care Association 1925 to death.
Consulting Psychiatrist and Member of the Board of Directors of the Hillside Hospital 1919 to death.
Samuel H. Hamilton Award and Lecturer 1952.
Associate Editor *Psychoanalytic Review* 1937 to death.
Associate Editor *American Journal of Psychiatry* 1948 to death.

WALTER SCHMIDEBERG

Walter Schmideberg died in Switzerland on 22 September, 1954, of heart failure following a severe operation. He was sixty-four years of age.

With his death one more link is broken with the pioneering phase of psycho-analysis which came to an end only a few years after the First World War; and, by the same token, psycho-analysis loses one of the more colourful personalities that from time to time have added some glamour to its otherwise conventional professional façade. That he was better known and appreciated among an older generation of psycho-analysts was due partly to his retiring disposition and partly to the fact that, once a new and at first unconventional science becomes organized along professional lines, its younger members have less need of and rate less highly the qualities of mind that sustain the pioneer. In those earlier times psycho-analysis attracted to its ranks a number of adventurous spirits who had already gained distinction through their personal character and their work in other fields. Walter Schmideberg had a special claim to recognition in this respect; for he broke with an aristocratic tradition, to say nothing of an adventurous and distinguished army career, to become and remain for the rest of his life a devoted student of psycho-analysis.

He was born in Vienna on 5 April, 1890, of an American father and Austrian mother and his training and education were designed to fit him for the life of a gentleman and a professional army officer. At an early age he passed into the old Imperial Austrian Army and, at a time when Hungary was still part of the Empire, rose to the rank of Rittmeister (Captain) in a crack regiment of Hungarian Hussars. Already as a young subaltern he was recognized as a fine athlete and sportsman, and, before war broke out, was one of the most daring steeplechase riders in Austria.

Even during this first and strenuous phase he devoted much time to intellectual pursuits. He

was keenly interested in psychology and in particular in the clinical aspects of hypnosis. These interests, however, had to be pursued clandestinely; for he was brought up in Kalksburg, an exclusive Jesuit school, reserved for the sons of wealthy and aristocratic Austrian families. As he once dryly remarked, he had the dubious distinction of being present at an *auto da fe* in his honour, when his collection of books on psychology and hypnosis was publicly burned before the faculty and student body of Kalksburg, in whose eyes (this was in 1907) books on hypnosis were ' works of the devil '.

On the outbreak of the First World War his regiment was immediately thrown into action on the Russian front to help stem the enemy's attack until the Austrian Army could be fully mobilized. Unsupported by reinforcements, most of his army group were annihilated. Walter Schmideberg was one of the few survivors and, many years later, recounted his experiences in an article in *Life and Letters*—' When I last fought in Russia '. After many vicissitudes he was transferred to the Italian front, where he was captured and saw the war out as a prisoner in Italy.

As a young officer Walter Schmideberg met Dr. Max Eitingon, then an army psychiatrist, in a small town in Hungary. This meeting proved a turning-point in his life and career. Eitingon introduced him to Professor Freud, who in turn put him in touch with Dr. Ferenczi. Austria in those days was literally starving and Captain Schmideberg, always anxious to be of service to his newly found master, elected himself as a courier, bringing from Ferenczi to Freud presents of some of the simpler necessities of life, a circumstance which Freud in later times would recall with an appreciative smile.

After his internment in Italy, Schmideberg returned to Vienna and became a regular visitor and friend of the Freud family in the Berggasse, where he attended meetings of the then small group which constituted the Vienna Psycho-Analytical Society. In 1921 he moved to Berlin, where he lived at the home of Max Eitingon. He was for a time secretary of the Berlin Psycho-Analytical Society and helped Dr. Eitingon to organize the Psycho-Analytical Poliklinik in the Potsdamerstrasse, the first of its kind. He also played a major part in organizing the International Psycho-Analytical Congress which was held in Berlin in 1922, the last Congress attended by Freud in person. It was in Berlin that Walter Schmideberg met his future wife, Melitta, then a medical student; and in 1932, after she had completed her medical and psycho-analytical training, the Schmidebergs settled in England and joined the British Psycho-Analytical Society.

It was in this country that Walter Schmideberg entered upon the most tranquil and fruitful period of his life. The liberal atmosphere of English culture was extremely congenial to one who had been bred in an exclusive military academy, and he responded by an undivided devotion to psycho-analytical work. A regular attender at the British Psycho-Analytical Society, he also assisted for many years in the work of the London Clinic of Psycho-Analysis, where until the end of the Second World War he exercised his acute clinical insight in the work of consultation. His therapeutic work was also of an unusually successful order, as was evidenced by an increasingly busy practice. He was in fact more a clinician than a theoretician. His first and greatest concern was for his patients, and most of his original work lay in exploring and expanding therapeutic techniques. Perhaps for this reason he was not a prolific writer and has left behind him but few written contributions.[1] In this connection he was wont to claim, with some pride, that he was in one sense the inventor of ' control-analysis '. He recalled how, when he ran into some difficulties with his first patient, he appealed to Professor Freud in the words of Goethe's Magician's Apprentice, ' Besen, Besen, sei's gewesen '. Freud laughed good-naturedly at this demonstration on the part of a young pupil and obliged by helping him out.

But this period of quiet contemplation and assiduous work was not to last very long. With the outbreak of the Second World War, he found the world in the same turmoil that had surrounded him in early manhood. Despite failing health he increased his daily load of therapeutic work and during the London Blitz spent most of his nights as an untiring fire-watcher. A severe heart affection ensued and he was compelled to retire to Switzerland for rest and recuperation. He never fully recovered.

Walter Schmideberg's death will be keenly felt not only by those who were fortunate enough to share his friendship but by a wide circle of

[1] See, for example, ' Agoraphobia as a Manifestation of Schizophrenia ', *Psychoanalytic Review*, **38**, 1951; ' On Original Sin ', *Psychoanalytic Review*, **37**, 1950.

ex-patients, who had reason to be grateful for his analytical skill, and by a number of psycho-analytic students and political refugees to whom he offered unfailing encouragement and generous practical assistance. To his intimate friends he was a man of singular charm. Although he did not write much and at no time sought the professional limelight, he was in private life a *causeur* of the first rank. Like Freud, his favourite masters were Goethe and Shakespeare; and like Freud he had at his disposal a rich store of pithy anecdote with which he would drive home an interpretation to a patient or garnish a conversation with a friend. His memory as a gentleman, an analyst, and a man of the world will long endure in the annals of psycho-analysis.

Edward Glover.

CHARLES ODIER

Dr. Charles Odier was born in Geneva in 1888 and died, after a prolonged illness, on 28 July, 1954, at Lausanne.

After his medical studies, which he followed in Geneva, he worked as resident in neurology and psychiatry at Vienna. Thereafter he pursued his studies in medicine in Geneva and Paris and practised for a few years in Geneva.

While attending the lectures of Professor Théodore Flournoy, Dr. Odier took an increasing interest in the study of neurosis. In 1914 he wrote on symbolism in hysterical contractions. He went to Holland in 1922, and was analyzed by Ophuysen. Returning thence, he continued in general practice, but at the same time began work as a specialist. In 1925 he wrote his first book on the Oedipus complex, testifying to his wide understanding of the unconscious processes.

At the first conference of French-speaking psycho-analysts, held in Geneva in 1927, Dr. Odier presented an authoritative report on the various defence mechanisms used by obsessive compulsive and phobic patients. Finding that many French colleagues were becoming interested in his research, he decided to leave for Berlin, to complete his preparation at the Psycho-Analytic Institute of that city. Thereafter, settling down as a specialist in Paris, he practised in France from 1929 to 1939. He delivered several papers to the Psycho-Analytical Society in Paris, lectured at the Institute, and became co-editor of the *Revue française de Psychanalyse*. His leadership was at once appreciated. As a scrupulous and subtle exponent of the teaching of Freud and his pupils, he succeeded in clarifying to the French mind the often obscure ideas of his German colleagues: and he played a great part in providing a French vocabulary for the language of psycho-analysis.

In 1939 Dr. Odier returned to Switzerland and settled at Lausanne. His first years there were mainly devoted to preparing a number of books. In *Les deux sources conscientes et inconscientes de la vie morale* (*The Two Sources, Conscious and Unconscious, of Moral Life*), published in 1943 (a second enlarged edition was issued in 1947), Dr. Odier lays down a distinction between function and value. The principal aim of his work was to show the philosophers and theologians of Switzerland that psycho-analysis was not incompatible with morality; an aim explained by the many prejudices which were then felt against the teachings of Freud. In 1947, Dr. Odier published *Angoisse et Pensée Magique* (*Anxiety and Magic Thought*). in which he attempted to harmonize Freud's ideas with those of Jean Piaget. Among this book's merits were its many original considerations regarding problems of anxiety and the criteria of the mature ego.

Odier's last book, *L'homme esclave de son infériorité—Essai sur la Genèse du Moi* (*Man the Slave of his Inferiority: an Essay on the Genesis of the Ego*), was published in 1950. Here he paints a broad critical picture of contemporary psychology, analyzing successively the ideas of Pavlov, Jung, and Freud. Odier cleaved too closely to old conceptions of the founder of psycho-analysis and did not always do him justice when dealing with the development of the theory of the ego. Nevertheless, his account is of great help to all who seek enlightenment regarding contemporary psychology.

Finally, Dr. Odier left numerous notes for two books which he had hoped to publish had not his illness compelled him to abandon work. They were intended to deal with the *Inferiority Complex* and the *Conquest of Psychic Autonomy* (*Conquête de l'autonomie psychique*). In this latter subject he was particularly interested. It is hoped that his friends and pupils will one day publish the essentials of these notes. It was in

the midst of this period of abundant productivity that Odier was attacked by illness and extreme suffering, which he bore valiantly, always hoping, though, alas! in vain, that he would one day be able to resume his threefold activity as physician, teacher, and author.

Dr. Odier's books are often difficult reading. Broken up into too many paragraphs, they are nevertheless deeply thought out and full of pertinent remarks, of correct and original observations. His articles even more than his books give the measure of his didactic talent, his clarity, and his precision.

Odier was a remarkable teacher. He knew how to look deeply into the souls of his patients and the minds of his fellow men. He was exceptionally competent in clarifying the ideas of others, and studied them obstinately until he was certain of having plumbed their every aspect. His technique of simplification gave a special charm to his lectures.

An ardent lover of music and a talented violinist, Dr. Odier possessed an exquisite sensitivity which enabled him to perceive instantly the qualities and defects of the subject. This sensitivity was accompanied by an extremely sane intelligence, occasionally ironical, often mischievous, which gave great charm to his conversation. He was modest and respectful of the opinion of others. In his brilliant and amusing conversation he gave even more of himself than in his writings, where the desire for perfection acted as a restraint. When speaking, he went direct to the essence of the problem dealt with, knowing well how to lend attractiveness to his words. Those who knew him will not easily forget him.

Raymond de Saussure.

List of the Principal Articles by Charles Odier

1910–11 'La mort par inhibition.' Thèse de Doctorat—Genève no. 338.

1914 'A propos d'un cas de contracture hystérique', *Archives de Psychologie*, Geneva, no. 54, May 1914: *out of print.*

1916 'Retour de la motilité et de la sensibilité après suture nerveuse dans un cas de section complète du nerf radial.' In collaboration with Souques and Mégevand (Société de Neurologie, Paris, session of 4 May, 1916).

1917 'Écoulement spontané de liquide céphalo-rachidien par les fosses nasales dans un cas de tumeur cérébrale.' In collaboration with Souques. *Bulletins et Mémoires de la Société médicale des Hôpitaux de Paris*, no. 19/20, 14 June, 1917.

'Localisation corticale circonscrite de la macula à propos d'un cas d'hémanopsie maculaire.' In collaboration with Souques. *Revue Neurologique*, Paris, no. 8/9, Aug.-Sept., 1917.

'Aréflexie tendineuse généralisée chez les blessés du crâne.' In collaboration with Souques. *Revue Neurologique*, Paris, April-May, 1917.

1918 'L'inaptitude névralgique des cinq dernières racines sacrées à propos d'un cas de zona sacré indolore', *Archives suisses de Neurologie et de Psychiatrie*, Zurich, 3, part 2.

1919 'Étude de psychologie de guerre, à propos de la Cramptocormie', *Corr. Blätt. für Schweizer Ärzte*, Basel, no. 23.

1924 'Les contre-indications et les indications de la psychoanalyse', *Revue médicale de la Suisse romande*, Geneva, no. 2, Feb., 1924.

'Note sur un cas d'encéphalite et de typhoïde associées', *Revue médicale de la Suisse romande.*

1925 *Le complexe d'Oedipe.* (Geneva: Éditions de la petite Fusterie.)

1926 'Vom Über-Ich', *Internationale Zeitschrift für Psycho-analyse*, Vienna, Vol. XV, Pt. 3.

'Le signe de cinq heures', *Revue médicale de la Suisse romande*, June, 1926, no. 7.

1927 'Contribution à l'étude du Sur-Moi et du phénomène moral', *Revue française de Psychanalyse*, no. 1.

1928 'La névrose obsessionnelle', *Revue française de Psychanalyse*, no. 3.

'Un cas de curiosité morbide', *Archives de Psychologie*, Genève.

'L'argent et les névroses', *Revue française de Psychanalyse*, 2.

1933 'La théorie de Freud et son évolution', *Revue française de Psychanalyse*, 1.

'Névrose sans Oedipe', *Revue française de Psychanalyse*, 3–4.

'Le problème de l'étiologie de la névrose à la lumière d'un cas de dysphagie', *Evolution psychiatrique*, Paris, Maloine.

1935 'Document catamnestique sur un cas d'impuissance orgastique', *Revue française de Psychanalyse*, 4.

1937 'Le Bilanisme', *L'Evolution psychiâtrique.*

1940 *Sentiment d'insuffisance et mécanismes de compensation.* (Bern: Hans Hüber.)

1942 'Déterminisme inconscient et liberté. Hommage à Freud', *La Semaine Littéraire*, Dec., 1942.

1943 'Valeur et fonction des phénomènes psychiques', *Revue Suisse de Psychologie*, 3–4.

1947 *Reflexions sur la guérison d'une schizophrène*

par la rêalisation symbolique. (Bern: Hans Hüber.)
1948 *Les Deux Sources consciente et inconsciente de la vie morale.* (Neuchâtel: La Baconnière, 2nd ed.)
1949 *L'Angoisse et la pensée magique.* (Neuchâtel: Delachaux et Niestlé.)
1950 *Essai sur la Génèse du Moi.* (*Id.*)
1951 'A propos d'une controverse', *Revue française de Psychanalyse.*
1952 'Vers une synthèse des théories psychologiques', *Revue de Psychologie*, **11**, no. 4.
'Insécurité et troubles du caractère', *Revue suisse de Psychologie*, **4.**
1954 'Essai sur la Sublimation', *Rev. suisse de Psychologie*, **13**, no. 2.

19th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

GENEVA, SWITZERLAND, JULY 24—28, 1955

Preliminary Programme

SUNDAY, JULY 24th: Registration.

MONDAY, JULY 25th:

Morning . . 9.30 a.m. . . . . Opening Remarks by the President, Dr. Heinz Hartmann (New York).

9.50 a.m.—12.30 p.m. Four papers to the entire meeting.

Afternoon . . 2.30 p.m.—5.30 p.m. . Two—or possibly three—sections of five papers each. Each paper will be limited to 20 minutes. There will be time for discussion from the floor.

TUESDAY, JULY 26th:

Morning . . 9.00 a.m.—1.00 p.m. . Discussion of *Problems of Transference.*
Chairman: Dr. Robert Waelder (Philadelphia).
Summary of Current Views. Dr. Elizabeth Zetzel (Boston). 20–30 minutes.
Discussants:
Dr. Willi Hoffer (London). 15 minutes.
Dr. Rene Spitz (New York). 15 minutes
Dr. D. W. Winnicott (London). 15 minutes.
Discussion will be continued from the floor, under the direction of the Chairman.

Afternoon . . 3.00 p.m.—5.30 p.m. . Three sections of four papers each. Each paper limited to 15–20 minutes. Discussion from the floor.

WEDNESDAY, JULY 27th:

Morning . . 9.00 a.m.—1.00 p.m. . Panel on *Perversions.*
Chairman: to be determined.
General Theory of Perversions. Dr. William H. Gillespie (London). 30–40 minutes.
Special Aspects of Perversion.
Aggression and Perversion. Dr. Robert C. Bak (New York).
Le Moi dans la Relation Perverse. Dr. Sacha Nacht in collaboration with Dr. R. Diatkine and Dr. J. A. Favreau (Paris).
Some Relations between Fetishism and Addiction. Dr. Phyllis Greenacre (New York).
Discussion from the floor.

Afternoon . . 3.00—6.00 p.m. . . Four papers to the entire meeting.

THURSDAY, JULY 28th:

Morning . . 9.00 a.m. . . . . Business Meeting of the International Psycho-Analytical Association.

ABSTRACTS

Contents:

The Psychoanalytic Quarterly, **23**, 1953, No. 3 and No. 4.
Journal of the American Psychoanalytic Association, **2**, 1954, No. 1, No. 2.
The Journal of Mental Science, **100**, 1954, No. 418.

THE PSYCHOANALYTIC QUARTERLY **23**, 1953, No. 3

Ida MacAlpine and Richard A. Hunter. 'The Schreber Case. A Contribution to Schizophrenia, Hypochondria and Psychomatic Symptom-Formation.'

Investigating intractable *pruritus ani* by means of psychotherapy the authors were struck by the similarity of the hypochondriacal symptoms of which their patients complained with those of Schreber. They found their origin in primitive fantasies of intestinal procreation. Though these had secondary homosexual implications for men, and carried a castration threat, they were equally incompatible with mature sexual functioning in men and women.

Schreber's memoirs are also filled with the mysteries of the origin of life—birth, death, resurrection, the migration of souls—and his extensive knowledge of these subjects from every aspect shows the unconscious determination of his thoughts before he became ill. His first psychotic experience—the hallucination of a crackling noise in the wall as though a mouse were there—was a transparent reference to parturition, and the authors show how frequent are unconscious references to periods of nine in his description and the timing of his illness. Moreover, it was his hypochondriacal symptoms, with their similarities to various myths of birth, which caused him his most acute suffering in the catatonic years when his illness was at its height.

They believe that it was Freud's desire to maintain paranoia as an independent clinical entity not necessarily related to schizophrenia which accounted for his emphasis on homosexual mechanisms as primary. Had he concentrated on the hypochondriacal symptoms he would have seen Schreber's doubt about his sex—a frequent phenomenon with schizophrenics—as necessitated by them. Freud himself admitted that no theory of paranoia could be complete which failed to explain the accompanying hypochondria. Moreover, had the hope of being turned into a woman been the most pathogenic factor it is difficult to see how Schreber could have recovered retaining this idea.

Z. Alexander Aarons. 'Effect of the Birth of a Sister on a Boy in his Fourth Year.'

It is often difficult to reconstruct the psychological effect that the birth of a sibling has in a child's life. The author therefore describes the case of a boy whose symptoms of continuously holding his penis developed six weeks after the birth of his sister, and its resolution in a short analysis, as 'further direct evidence that such an event may precipitate anxiety of psycho-pathological proportions'. He leaves open the problems of the exhaustive genesis of the anxiety and whether the treatment should have been continued.

I. Peter Glauber. 'A Deterrent in the Study and Practice of Medicine.'

The author examines the neurotic counter-transference to their patients of five doctors or medical students. Their difficulties resulted from a confluence of oedipal identifications determining their choice of profession with unsublimated part-object identifications. Typically the part-object was the breast, and ablation of the breast, representing the separation of the self from the mother, was the typical therapy. Its aim was the cathexis of the ego. The oepidal identifications could not function adequately, partly because they took the form of inhibitions, and partly because the solution of the regressive conflict was prerequisite. The abortion of the capacity for identification resulted from trauma at the narcissistic object-finding stage. It was noteworthy that in most of these patients feeding was experienced simultaneously as a libidinal gratification and as an aggressive attempt at reincorporation. The fear of reincorporation mobilized further aggression in the shape of a defensive increase in oral activity, scoptophilia, and general motility, the motility being equated with the emergence of a differentiated self, or birth. In so far as identification presupposes relinquishment or transformation of aggressive energy the capacity for it was still further impeded.

This conflict of ego regression and progression was reflected in necrophilic ruminations. The reattachment of the libido to the mother was represented by the image of the clutching cold mother, projected on to inanimate nature in the form of liquids and semi-solids, e.g. quicksand, water. The other side of the conflict was represented by the image of the 'dead' mother who gives birth to, or liberates, the child, and was projected as solids, e.g. the elation of loitering amid ruins. Such projections may affect the attitude of medical

students to their 'dead' pre-clinical studies and to the cadaver, and ultimately determine whether their attitude to their patients is sublimated or neurotic.

Joseph Weiss. 'Cézanne's Technique and Scoptophilia.'

The critics have adopted strangely contradictory attitudes towards Cézanne's portrayal of mass and depth. Perhaps there was an ambiguity in Cézanne's own vision to account for this. There is evidence that he suffered from a severe scoptophilic conflict. The author knows of a painter whose difficulty in delineating perspective was due to a scoptophilic fear, and it is therefore conceivable that its ambiguous treatment by Cézanne was also due to one. If so, then his concentration on his sensations rather than the object, his disregard of real forms, and his technique of laying on pigment in such a way as to pull the attention continually back and forth bebetween surface and depth would all be well suited to maintain detachment in looking and thus minimize such an anxiety. Perhaps one might speculate that this technique also diminishes the observer's anxiety, enabling him to look more intensely.

Leon J. Saul. 'An Etymological Note on Love and Wish.'

The author notes the Sanskrit root of the word Venus in words denoting wish and gain; its sublimated forms (e.g. veneration, venial); related forms (e.g. venereal); and antithetical forms (e.g. venom) in English.

John Klauber.

THE PSYCHOANALYTIC QUARTERLY
22, 1953, No. 4

Adelaide M. Johnson. 'Factors in the Etiology of Fixations and Symptom Choice.'

Collaborative work in the simultaneous treatment of parents and children has convinced the author of the importance of the unconscious complicity of the parents in determining the level of fixation and symptom formation in the child. Fixation occurs at the point where the significant parent's regressive impulses are least successfully integrated. The parent projects his or her own guilt on to the child, thus giving it a double burden to bear, but at the same time unconsciously sanctions the expression of the guilt-laden impulse. The parent thus obtains an important vicarious satisfaction. Soon the sharing of guilt and satisfaction alike become necessary for the symbiosis of parent and child. It follows that successful treatment of the child is often impossible without treatment of the parent; while, equally, successful treatment of the child may make the treatment of the parent imperative. Johnson believes that most of the rigidly fixed symptoms of childhood are formed in the way described.

Robert Fliess. 'The Hypnotic Evasion: A Clinical Observation.'

Fliess believes that certain patients exploit the residual hypnotic characteristics of the psychoanalytic situation as a resistance. The patients he describes were all marked in ordinary life not only by a tendency to hypnotic responses but by an intense unconscious need for punishment. When they used this escape from analysis, sometimes very transitorily, it was into the first degree of hypnosis—a state often difficult to detect but accompanied by an experience of lassitude. This evasion was designed to counteract the mobilization of forbidden impulses by paralysis, and its detection was on occasion indispensable to their successful analysis. The patients' reaction to the analyst as hypnotist proves to be the ego's reaction to the superego projected upon the analyst: its metapsychology and relation to the archaic past of the species are discussed.

William Needles. 'A Note on Orgastic Loss of Consciousness.'

Freud and other analysts have spoken of a transitory loss of consciousness during intense sexual orgasm. This has therefore sometimes been construed as a criterion of complete orgasm, with implications for the aims of analysis. While agreeing that orgasm produces an *alteration* in consciousness, Needles believes that careful investigation of accounts of loss of consciousness will reveal (1) that it is a very rare phenomenon, and (2) that it may be an indication of psychopathology rather than of normality.

Henry Alden Banker. 'A Dream of an Inhibited Writer.'

The dream of this inhibited writer revealed the autarkic wish to be at the same time the suckling mother and the sucking baby, which, following Bergler, the author believes to be characteristic of writers. The patient's associations showed that writing was equated with the giving of milk, so that the inhibition of writing was due to displaced guilt at using writing to dispense with the mother. Such an autarkic repudiation of the mother represents a defence against a masochistic attachment to the pre-oedipal mother.

Melitta Sperling. 'Food Allergies and Conversion Hysteria.'

Sperling uses the analysis of a patient showing both food allergies and hysterical conversion symptoms to support three propositions.

(1) Food allergies may be the product of specific unconscious fantasies about specific items of food. Such specificity has been little stressed in psychoanalytic literature and is contrary to the usual emphasis in psychosomatic medicine on physiological responses and conscious attitudes.

(2) The outcome of a conflict in conversion is

influenced by the relation between ego strength, adequacy of repression, and the possibility of conscious control of the threatening impulse. Sperling illustrates this from the following series of reactions in the patient: (*a*) Before analysis, the immediate conversion of impulses into somatic symptoms without anxiety. (*b*) During analysis, when repressed impulses were about to emerge into consciousness, the experience of anxiety but no conversion. (*c*) In later analysis the patient experienced only disgust with neither anxiety nor conversion. The author suggests that the immediate somatic expression of an impulse prevents it from being acted out, and this saves the patient from the feared ' break ' with reality.

(3) Anal eroticism is a specific genetic and dynamic factor in allergic conditions. The anal meaning of food was clear in this patient whose pseudo-genital satisfactions depended in fact on unconscious pregenital fantasies. Though the importance of anal eroticism in pregenital conversions has been emphasized by other writers, Sperling is doubtful if the distinction between hysterical and pregenital conversion has not been over-emphasized. She suggests that early genital stimulation and seduction may play a role in a confusion of genital objects and aims with pregenital ones.

William G. Barrett. ' Mark Twain's Osteopathic Cure.'

Late in life Mark Twain was temporarily cured of numerous long-standing ailments by osteopathic treatment. Barrett surveys his life and writings to conclude that his character was dominated by passive and masochistic reaction-formations of strong unconscious sadistic drives. His osteopathic ' cure ', with its suggestion of a derivation in such passive satisfactions, is the point of departure for these observations.

William N. Evans. ' Evasive Speech as a Form of Resistance.'

Every patient has his own method of evasive speech. Evans describes a few varieties and shows how each type of evasion may be related to the context of behaviour in which it first manifested itself and how this type of evasion pervades every aspect of the patient's activities.

Joel J. Friedman. ' Psychology of the Audience in Relation to the Architecture of the Theater.'

Friedman links the increasing separation from Greek times of the actors from the audience, and the architectural developments of the theatre which accompanied it, to the increasing repression of the themes of incest and parricide which dominated Greek tragedy. This increasing repression involved the increasing individuation of the problems enacted and therefore the necessity for an increasing realism of technique. Thus the theatre of convention came to be replaced by the present theatre of illusion. The watching by a modern audience of the outside world from the darkness of the mother's womb involves a fundamental shift in the method of alleviating basic anxieties.

John Klauber.

JOURNAL OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION
2, 1954, No. 1

Erik Homburger Erikson. ' The Dream Specimen of Psychoanalysis.'

Freud's ' Irma dream ' is taken to illustrate those aspects of dream interpretation which to-day are considered essential to an exhaustive analysis. The manifest and latent dream thoughts are presented as revealed by Freud in *The Interpretation of Dreams*. Further details regarding the dreamer's current life situation are added. Emphasis is laid on the manifest content of the dream. The manifest dream is more than a useless shell to be thrown aside in favour of a more worthwhile kernel. The author postulates a style of representation in addition to the dream's striving for representability. This style is a reflection of the individual ego's peculiar time space and frame of reference for its defences, compromises and achievements. A scheme entitled ' Outline of Dream Analysis ' is presented. This has four sub-headings: (1) manifest configurations; (2) links between manifest and latent dream material; (3) analysis of latent dream material; (4) reconstruction. A thorough assimilation of part one of such an inventory should allow the observer to realize that the dream life of some persons is characterized by, e.g. a greater clarity of the experience of spatial extension and motion; of others by clear somatic sensations; a rich interpersonal dream life, etc.

The ' Irma dream ' is then subjected to analysis with the use of such a chart. The first item is verbal configurations. The numerous mistranslations from German to English are used to analyse further certain latent themes which are withheld in *The Interpretation of Dreams*. ' Interpersonal configurations in the Dream Population ' are next studied. The dreamer's activities are initially described as intrusive, related to phallic behaviour. Later the dreamer appeals for help from higher authority with the ultimate formation of a group with a common conviction. A parallel is drawn between these interpersonal dream configurations and the religious rites of conversion or confirmation. This interpretation does not run counter to Freud's interpretation (the wish for revenge) but complements it. The id supplies the wish making the dream possible, but without appropriate ego measures the dream would fail. In sleep the healthy ego retraces its steps from earliest years. Reference is then made to psycho-social criteria which indicate the extent of this backward movement. The ' Irma dream ' reflects a crisis in the life of a creative man

of middle age. The remainder of the paper is taken up with the acute and repetitive infantile conflicts which are contained in the dream with a final section devoted to ' Transference in the Irma dream '.

Stanley L. Olinick. ' Some Considerations on the Use of Questioning as a Psychoanalytic Technique.'

Questioning, though a basic therapeutic tool, has been taken for granted and given little attention as a subject for study. The judicious use of questioning may facilitate the analyst's function of free floating attention. A question may be less harmful than a blunt statement. The former avoids the definiteness and dogmatism of the latter, and suggests the possibility of a joint exploratory effort. Systematic enquiry may be regarded as a parameter or deviation from the basic model of technique (Eissler). Questioning may interfere with the transference, and this effect may not be abolished by interpretation and working through. Under ordinary circumstances questioning is self-eliminating once a relevant answer has been obtained. Extensive questioning is often due to counter-transference influences. Questioning may be resented, feared, and resisted by the patient, or it will be welcomed. The reaction will depend upon the predominant psychical constellations. Questioning is indicated in the following instances: (1) inarticulate borderline neurotics; (2) the patient in an acute state of anxiety; (3) enquiry into obsessional data; (4) with the psychotic patient, particularly the schizophrenic; (5) in the interpretation of resistance. The author takes pains to point out that questioning is only a preliminary manoeuvre and a preparation for interpretation and subsequent working through.

Karl A. Menninger. ' Psychological Aspects of the Organism Under Stress. Part 1: The Homeostatic Regulatory Function of the Ego.'

This work has been partly motivated by a dissatisfaction with current psychiatric nosologies and the conviction of the usefulness of Freudian concepts in clinical practice. The author believes that the concept of homeostasis helps to provide a better understanding of human behaviour. In general, applications of the homeostatic principle to psychology have followed biological and physical systems rather slavishly. Such a conception is too narrow. Freud utilized the concept of homeostasis as a basic principle in his metapsychology in *The Interpretation of Dreams*. Twenty-five years later in *Beyond the Pleasure Principle* he reconsidered this and advanced a more complex hypothesis. The work of von Bertalanffy is quoted and points of similarity with Freud's theories considered. Menninger conceives of homeostasis as operating at many levels of integration. In addition to its biological implications it must be seen as an index of the current balance of the life and death forces which are reconciled and bound within each new homeostatic balance of the personality system. Five topics are discussed in relation to the homeostatic function. (1) Instinct theory; the usefulness of the life and death instinct theory is commented upon. The difficulties which biologists have in understanding the integrative versus destructive processes as expressions of instinctual trends are due to the nature of the material with which psychoanalysts and psychiatrists work. The author discusses the theoretical question whether the destructive trends are the derivatives of an instinctual drive originally self-directed. He believes that the acceptance of a destructive drive but not the death instinct undermines the basic premises upon which the hypothesis is based. (2) Ego functions; while the ego may be defined as a controlling mechanism it may also be conceived of as an organized expression and product of the constructive, synthetic impulses which characterize the life instinct. The ego has to reconcile the conflicting demands of both instincts and it can be looked upon as a cybernetic mechanism. (3) The somatic ego; it is artificial to exclude from the ego functions the needs of the body for oxygen, water, etc. The maintenance of the physio-psycho-sociological balance is the chief function of the ego. (4) Ego stresses; the ego is continually ' under fire '. It has to adjust to demands emanating from internal and external sources. If the ego is regarded as a complex homeostatic regulatory mechanism failure to adjust takes on a wider meaning. All ' illness ' falls somewhere in a range of ego system decompensation. The author illustrates the regulatory function of the ego with an example of an incident which stimulates an aggressive response. (5) Normal minor emergency devices; a number of such devices are mentioned, including: (*a*) touch; (*b*) soft voices; (*c*) efforts to establish human contacts, etc. These devices may be sufficient to resolve tension. If the threat to the personality becomes greater the regulatory functions of the ego are increasingly strained and are forced to resort to more disadvantageous measures.

Leo Angelo Spiegel. ' Acting Out and Defensive Instinctual Gratification.'

Features from the analyses of two patients are presented to illustrate how exhibitionistic and masochistic impulses may be allowed gratification while essentially serving a defensive purpose, i.e. to avoid the narcissistic injury arising from non-fulfilment of infantile genital wishes. In both cases there was a common denominator in the affective sphere. Both patients were constantly being humiliated and betrayed. This had occurred in the past and in the present both within and outside the analysis. The transference was permeated by sado-masochistic influences. Spiegel lays emphasis on the necessity to interpret not the id derivatives now expressed regressively but the defence against the injury to narcissism. The patient must be confronted with the fact that the transference humilia-

tion arises from the failure of the analyst to reciprocate her love. Long periods of analytic work are required before this frustration can be tolerated. Only after this has been accomplished can the mechanisms of repression and displacement of the infantile genital wishes be analyzed.

James Clark Moloney. 'Mother, God and Superego.'

Mothers who are not emotionally attuned to their infants are liable to disturb the natural infantile rhythms—the need for food, warmth, and protection. This can lead to a conflict originally between the child and mother and later between the individual and his superego (the internalized mother). Sometimes this struggle is given up and the individual may experience a theophany or kenosis—a blinding flash of inspiration which seems to point the way to a resolution of inner conflicts. The individual concerned becomes an advocate of the mother's authority which he originally attempted to destroy. Theophany is an expression of the submission of the self systems (as opposed to the mother systems [superego]). This is accompanied by a regression to the period of infantile dependence on the mother. After describing a method of experimentally induced theophany used in the training of Buddhist priests the author gives an account of instances from theological history of theophany and kenotic experiences. Nearly all contain the phenomena of light and/or a sudden loud noise. Both neurotic and psychotic patients undergo experiences very similar to theophany and kenosis. Although superficially different, there is an underlying similarity between psychotic, kenotic, and theophanic phenomena. Such experiences as theophany and kenosis must be traceable to some previous occurrence. The effect of this is such as to make the individual seek an explanation which will allay his anxiety. Spiritual meanings are therefore often ascribed to these experiences. To what extent these manifestations should be considered the product of a rational or irrational mind depends on the extent to which the ego renounces its contact with reality. Theophany represents a return to the precognitive period. There is a fusion of the precognitive mother with the superego forming a powerful component of the personality. The superego is an intrusion and an extension of the precognitive diffuse mother. It thereafter has an external form and a history of its own. In theophany the self is devoured by the internalized superego-mother-breast.

Thomas Freeman.

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Ralph R. Greenson. 'The Struggle Against Identification.'

This paper begins by differentiating between the concepts of incorporation, introjection, and identification. While incorporation is an oral instinctual activity which has as its aim the taking in by the mouth of a piece of the external world, introjection is the psychic phenomenon parallel to incorporation and is modelled after it. Identification is more complex than the other two. Introjection is the principal mechanism leading to identification. Introjection is an instinctual aim towards an object, while identification is a process which results after introjection has taken place. Identification influences more than the ego of the subject, it involves the entire self. The term 'self' is used here as distinct from the term 'ego'. There appear to be many different kinds of identification—e.g. total and partial. Four patients are described who introjected and identified with a hated parental figure. They tried to remain unaware of this identification. They attempted to deny any resemblance to the hated parent in behaviour or thought. Simultaneously there was a need to find new objects. This was very apparent in the transference situation. The patients were conscious of a hatred towards the parent of the same sex while the parent of the opposite sex was idealized. Throughout their lives the patients repeated behaviour more appropriate to the hated parent. Experience in no way altered this pattern. These patients were prone to disturbances of mood which were essentially due to a reactivation of old identifications. The men did not merely become angry; they were their angry fathers. They were also given to bouts of 'acting out' when they unconsciously repeated the behaviour of the consciously hated parent.

The author reviews the developmental history of the superego and points out that before the superego proper is established introjections and identifications have occurred. He refers to the presence of 'good' and 'bad' introjects which eventually fuse into a composite introject. This fusion occurs during the anal-retentive phase of libidinal development. The ego similarly demonstrates a capacity to fuse 'good' and 'bad' internal object representations. In infancy introjection and identification cannot be separated because perception implies a transformation of the self (primary identification). As the ego matures perception and introjection no longer lead automatically to identification. The author suggests that the reason why the patients struggled against an awareness of their identification with the hated internalized parent is to be found in the primitive and regressive nature of the introjection. The patients intuitively felt the oral-sadistic nature of these early introjections. The view is advanced that there is a hierarchy of introjections, both self and object representations, which begin in infancy and continue throughout life. The earlier introjections are characterized by oral-sadistic trends, while the later introjections arise from less primitive sources. The former tend to remain isolated, while the latter tend to blend and

fuse. The patients described regressed from external object relationships and internal objects became more important. The ego had to combat these early identifications because this primitive type of identification brings with it the feeling of being devoured or a feeling of loss of identity.

Annie Reich. 'Early Identifications as Archaic Elements in the Super-Ego.'

A distinction is made between identifications with parents seen in a glorified light and identifications resulting from the breakdown of the Oedipus complex. The former represent the ego-ideal, the latter the superego. The reader is reminded that Freud's original conception of the ego-ideal was much wider than the later concept of the superego. Most frequently the superego is equated with the conscience. Superego identifications are differentiated structures within the ego, while earlier identifications are usually thought of as being completely absorbed into the ego (ego identifications which do not lead to a differentiation within the ego). The paper aims to demonstrate that early identifications do not always result in a complete integration within the ego. Early identifications may occur as an attempt to compensate for a narcissistic injury. They may result in a longing to be like the idealized parent (the ego-ideal). The ego is measured against these longings. Self-esteem depends upon the relationship between them and the ego. Depending upon the degree of ego maturity, the individual will or will not attempt in reality to fulfil the standard imposed by the ego ideal. The less developed the ego the more will these ideals express themselves by imaginary wish fulfilments—as narcissistic phantasies. This is the most primitive method of restoring wounded narcissism. The origin of accentuated narcissistic ideals appears to be twofold: (1) sudden threats to narcissism, e.g. strong castration anxiety; (2) the early identifications which are of an essentially primitive nature. The child imitates whatever momentarily attracts his attention—he is the object. The later wish to be like the object presupposes some degree of realization of the self and object as distinct entities. Normally these passing identifications develop into permanent ones. The increase in reality-awareness leads to the parental figures being divested of their grandiose, infantile aspects. A clinging to the original conception of the parental imagos indicates that reality testing has not developed adequately. Omnipotence can be attained for the self by identification with these parental images. In more abnormal cases normal identifications do not occur; imitative ones more appropriate to early childhood remain. Often there is little desire or insufficient ability to achieve the narcissistic ideals. Concurrently there is little capacity to tolerate tension; gratification of desires must be instantaneous. The narcissistic phantasies remain unattainable with a resulting state of dissatisfaction characterized by feelings of inferiority and moods of depression. Two case histories are described to illustrate the points mentioned.

Edith Jacobson. 'Contribution to the Metapsychology of Psychotic Identifications.'

Jacobson suggests that the study of psychotic identifications will be furthered by a closer enquiry into the differences between normal ego and superego identifications and the corresponding mechanisms in psychosis. Ego identifications differ from early infantile identification mechanisms in that the former are realistic in so far as they result in changes within the ego, while the latter are essentially magical, based on phantasies, or the temporary belief of being one with or becoming the object, regardless of reality. In psychotic states normal object relationships disintegrate and are replaced by such pre-oedipal magic identification mechanisms. Normally these magic identifications find some expression in the ego-ideal and the superego. The core of the ego-ideal consists of idealized parental images blended with archaic, aggrandized images of the self. There is normally an awareness of this unrealistic element in the superego and this is reflected in the recognition of the discrepancies which exist between ego and superego standards. An account of a manic-depressive and a schizophrenic patient is given to illustrate that in manic depressives the magic identifications aim at and succeed in maintaining a dependence of the self on a powerful superior love object. In the schizophrenic the regressive processes go much further. The ego and superego systems deteriorate to a dangerous extent, with a dissolution of the superego and its decomposition into threatening parental figures. The need of the manic-depressive to cling on to the object at any price is shown in the tendency of the patient to treat himself as if he were the love object. The schizophrenic behaves as if he were or believes himself to be the object because of his inclination to destroy and replace the object by the self or let the self be annihilated and replaced by the object.

Sylvan Keiser. 'Orality Displaced to the Urethra.'

Three patients are described who had a compulsive need to believe themselves to be and to appear normal. This need became so dominating as to influence every sphere of life. In fact these patients suffered with numerous symptoms which they denied. In each case there was an exaggerated oral drive which spread to all the orifices including the urethra. The oral greed was replaced by a fear of anal and urethral penetration. All the three patients were found to have: (1) orally dependent mothers who had had gastrectomies for peptic ulcers; (2) fathers who were successful business men but castrating parents; (3) parents who insisted that their children deny obvious features in the environ-

ment and accept obvious falsehoods as truths. The author suggests that the urethra may serve as a locus for oral and anal needs as well as its own primary purposes. The penis may be equated with the body, the urethra assuming the significance of the mouth. The theories of Klein, Jones, and Brunswick are referred to in this connection. Denial of the existence of the urethra occurred in the patients described in order to avoid the dangers associated with the identification with the orally demanding mother with a hollow penis. The passive wish for this hollow penis to be penetrated by another penis had to be warded off. The denial is related to the first denial, that of separation from the breast. Denial was used not only against an awareness of symptoms but also to avoid knowledge of the orality of mouth, anus and urethra.

Karl A. Menninger. 'Psychological Aspects of the Organism Under Stress. Part II: Regulatory Devices of the Ego under Major Stress.'

Disease must be looked upon as a positive expression of the survival efforts of the organism. Whenever the ego is subjected to internal and external stresses of great intensity radical measures are introduced to maintain the homeostatic balance. Minor stresses are dealt with by relatively 'healthy devices', but these are inadequate in the face of major stress. The author describes five levels of stress-relieving devices which may be employed in the attempt to cope with the influx of stimulation arising from the aggressive and sexual instinctual drives or from environmental sources. Regulatory devices of the first order may be utilized in situations which overtax the ordinary or 'normal' devices. They consist essentially of exaggerations of normal functions, but are now accompanied by sensations of discomfort and unpleasantness. Amongst the most familiar are: hypersuppression, hyperrepression, hyperalertness, minor somatic dysfunctions, hyperkinesis, etc. The first order devices usually disappear once the pressure on the ego is removed. However, this is not invariable. When the first order devices fail to restore the homeostatic balance something further must be done by the ego. The ego is forced to accept a lowered level at which a new homeostatic equilibrium can be established, and it effects this by means of a second order of regulatory devices characterized by a partial detachment from the world of reality. Amongst these second order devices are: (1) dissociation, which includes amnesia, depersonalization, syncopes, etc.; (2) displacement, which includes prejudice, phobias, obsessions, etc.; (3) substitution of magic symbols and behaviour for more open hostility, e.g. compulsions, rituals, perverse sexuality, kleptomania, etc.; (4) substitution of self or part of self as object of displaced aggression. Regulatory devices of a third order are called into action by the emergence of uncontrollable instinctual impulses. The stress-relieving mechanisms are represented by episodic outbursts of aggressive energy which are more or less disorganized. They may take the form of homicidal or suicidal attempts, convulsions, panic attacks, etc. Fourth order devices result in the individual relinquishing his hold on reality. There is yet a fifth order of regulatory devices where the ego fails completely and self-destruction ensues. The author points out that although he has sharply differentiated one level of stress-relieving device from the other, there is in fact always some degree of overlapping.

Thomas Freeman.

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Ernest Jones. 'The Early History of Psycho-Analysis.'

This paper was read as a Maudsley Bequest Lecture before the Royal Medico-Psychological Society. Its personal, in part autobiographical approach does not lend itself easily to the formal process of abstracting and it will more profitably be read *in extenso*. From the little anecdotes starting with an experience during the author's internship and concluding with his rise to ascendancy in 'the psycho-analytic movement,' the reader will learn many facts, unknown or forgotten, about the friendly and adverse relationships between psychiatry and psycho-analysis. An evolutionist throughout, the author struggles hard to make his audience see the emergence of psycho-analysis in psychiatry in true historical perspective, quoting, for instance, Hughlings Jackson, who said: 'If you want to find out about insanity you must first find out about dreams.'

W. H.